

(All data on this form is public information)

This report is a(n) (check one):	tion Amendment to registration	
The organization is for a (check one): 🙁 Candidate Co	mmittee 📃 Political Committee 📃 Political Fund	
Committee Name Campaign of Lindsay Ferris Martin	(LFM)	
Candidate Name (first and last) Lindsay Ferris Martin		
Mailing Address of Committee (include city, state, and zipcode) 191 Sidney Street W	est St Paul, MN 55107	
Email lindsayferrismartinward2@gmail.com	Phone 952-239-6858	
Purpose or Office sought City Council		
Geographic Area Ward 2		

## Officers of the Committee

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2. . . .

	Name	Address	Phone
Chair (required)	Lindsay Ferris Martin	191 Sidney Street West St Paul, MN 55107	952-239-6858
Treasurer/ Secretary (required)	Dustin Martin	191 Sidney Street West St Paul, MN 55107	612-201-7095
Other Principal Officers (if any)	Lisa Gillespie	8890 204th Street E Prior Lake, MN 55372	763-568-0046
Other Principal Officers (if any)			

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party		
Address		
Office sought by candidate		
Party Affiliation (if any)		

## THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date)	are \$_0	
I, Lindsay Ferris Martin	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS	
COMPLETE, TRUE, AND CORRECT.		
Signature: Lindsay Ferris Martin	Date: 08-23-19	

## ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.