

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New registration Amendment to registration

The organization is for a (check one): Candidate Committee Political Committee Political Fund

Committee Name Committee to Elect Jamie Hendricks

Candidate Name (first and last) Jamie Hendricks

Mailing Address of Committee (include city, state, and zipcode) PO Box 17404 St. Paul, MN 55117

Email jamie4ward5@gmail.com Phone 651-245-6383

Purpose or Office sought St. Paul City Council

Geographic Area Ward 5

Officers of the Committee

Name	Address	Phone
Chair (required) Luke Stultz	1049 Kent St. St. Paul, MN 55117	612-227-3695
Treasurer/Secretary (required) Cassandra Wiley	1280 Galtier St. St. Paul, MN 55117	612-242-9864
Other Principal Officers (if any) Kenny Rowe	1094 Marion St. St. Paul, MN 55117	612-220-0630
Other Principal Officers (if any) Pamela Tollefson	1312 Burr St. St. Paul, MN 55130	651-964-5227

Depository(ies)/
Bank Location of
Committee Funds TCF Bank 1445 County B Rd W 1-800-823-2265
Name Address Phone
Roseville, MN 55113

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name Jamie Hendricks

Address PO Box 17404 St. Paul, MN 55117

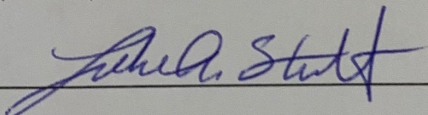
Office sought by candidate St. Paul City Council - Ward 5

Party Affiliation (if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 3-28-19 are \$ 231.⁸⁴.

I, Luke Stultz CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 3-28-19

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