

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 HOSKOYWARD2.ORG

Candidate Name (first and last) BILL HOSKO

Mailing Address of Committee (include city, state, and zipcode) 151 E 7TH STREET 55101

Email INFO@HOSKOYWARD2.ORG Phone 763-280-1178

Purpose or Office sought SAINT PAUL CITY COUNCIL

Geographic Area WARD 2

Officers of the Committee

	Name	Address	Phone
Chair (required)	BILL HOSKO	151 E 7TH ST 55101	651-222-4767
Treasurer/ Secretary (required)	MUSA UG. DULAIS	270 4TH ST	612-345-0722
Other Principal Officers (if any)	/		
Other Principal Officers (if any)	/		

Depository(ies)/ Bank Location of Committee Funds THINK BANK 400 N. ROBERT ST 800-288-3425
Name Address Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name _____

Address _____

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 8/26/19 are \$ 50.

I, WILLIAM L. HOSKO CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 8/26/19

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.