

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one):	New reg	gistration Amendment to reg	istration	
The organization is for a (check one): X Candidate Committee Political Committee Political Fund					
Committee Name Swift FOT 6					
Candidate Name (first and last) Danielle Swift					
Mailing Address of Committee (include city, state, and zipcode) 1053 EARL ST. ST Paul MN 55104					
Email Swift for 6@gray 1. can Phone 651-347-0843					
Purpose or Office sought City Council					
Geographic Area Ward 6 St. Paul					
Officers of the Committee Name Address Phone			Phone		
Chair (required)	Wintana M	lelekin	St. MN 55130	651.808.5509	
Treasurer/ Secretary (required)	CHOYGIR F	-URT	2269 11th AVE #1 N ST. Paul MN 55109	651·335·	
Other Principal Officers (if any)					
Other Principal Officers (if any)					
Depository(ies)/ Bank Location of Committee Funds	Suncisé b	Dank 1	351 Arcade st.	651.265.5600	
Commission wilds	Name		Address St. Paul MN 55106	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)
(ii dily)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $\frac{2/5/19}{}$ are \$ 0.
CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.
COMPLETE, TRUE, AND CORRECT.
Signature: Date: 2/5/19

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.