

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 North Oaks Citizens for Responsible Government Committee

Candidate Name (first and last) _____ The committee was formed to prepare campaign materials for certain candidates for city council offices

Mailing Address of Committee (include city, state, and zipcode) 5919 Centerville Rd., Apt 207, North Oaks, MN 55127

Email wecklund4242 @msn.com Phone 612-859-8509

Purpose or Office sought Office of Mayor and City Council positions in North Oaks, MN.

Geographic Area City of North Oaks, Minnesota

Officers of the Committee

	Name	Address	Phone
Chair (required)	Bill McNee	11 Sunset Lane North Oaks, MN 55127	651-485-7591
Treasurer/ Secretary (required)	Bill Ecklund	5919 Centerville Rd., Apt 207 North Oaks, MN 55127-6829	612-859-8509
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds US Bank 101 East Fifth Street St. Paul, MN 55101-1860 651-229-6123

Name Address Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name Kara Ries, Tom Watson, Rich Dujmovic and Jim Hara

Address 5919 Centerville Rd., Apt 207, North Oaks, MN 55127

Office sought by candidate Mayor and three city council seats

Party Affiliation (if any) N/A

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) September 19, 2020 are \$ 1,064.00.

I, William K. Ecklund CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: _____ Date: 9/19/2020

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.