

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): |
| Committee Name Blie Hosko for parists court BOARD |
| Candidate Name (first and last) BILL Hosko |
| Mailing Address of Committee (include city, state, and zipcode) 151 E 77H 5T 55101 |
| Email BILL 9 BILL HOSKO. COM Phone 651-202-4767 |
| Purpose or Office sought PAMSEY COUNTY BOOKS - DIST. 5 |
| Geographic Area RAMSET COUNTY - YST. 5 |
| |
| |

Officers of the Committee

| Name | | Address | Phone |
|---|-----------|------------------------|----------|
| Chair (required) | Blu Hosko | 401 SIBLEY ST 55701 | 651.222. |
| Treasurer/ Secretary (required) | 11 | 1, | 1/ |
| Other Principal Officers (if any) | | | |
| Other Principal Officers (if any) | | | |

| David Location of A | |
|--|---|
| Bank Location of 1/12 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1 | 7 |
| Bank Location of BREMER AMK ST. NEIER ST. 691.258-375 | |
| Name Address Phone | |

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

| Candidate Name or Party Name BILL HOSKO |
|---|
| Address |
| Office sought by candidate |
| Party Affiliation (if any) |
| |
| THIS SECTION TO BE COMPLETED BY ALL COMMITTEES |
| Liquid assets on hand as of (date) 10/25/32 are \$ 99 . |
| CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT. |
| Signature: |
| |

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.