

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n	) (check one): X New	registration Amendment to	registration	
The organization	is for a (check one): Cand	lidate Committee Political Comr	nittee X Political Fund	
Committee Name	Campaign Fund for RCDF	<del>.</del>		
Candidate Name	(first and last)			
Mailing Address (include city, stat		Street Suite 200, Saint Paul, MN	55114	
Email aschaber@rcdfederation.com Phone (651) 246-8120				
Purpose or Office	sought Support candidates	for local office with shared goals	of public safety.	
Geographic Area				
Officers of the Co	nmmittee			
omeers or the ec				
	Name	Address 2350 Wycliff Street Suite 200	Phone	
Chair (required)	Allison Schaber	Saint Paul, MN 55114	(651) 246-8120	
Treasurer/ Secretary (required)	Allison Schaber	2350 Wycliff Street Suite 200 Saint Paul, MN 55114	(651) 246-8120	
Other Principal Officers (if any)				
Other Principal Officers (if any)				
Depository(ies)/ Bank Location of Gammittee Funds Union Bank and Trust  312 Central Avenue SE, Minneapolis 55414  612.379.3				
Committee Funds	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 CO	OMMITTEES
Liquid assets on hand as of (date)9/21/2022	are \$_ <sup>2592.13</sup>
, Allison Schaber	_CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	
Signature:allison schaber	Date: 9/23/2022

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.