

## **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	on
The organization is for a (check one	): Candidate Committee	e Political Committee	Political Fund
Committee Name			
Candidate Name (first and last)			
Mailing Address of Committee (include city, state, and zipcode)			
Email		Phone	
Purpose or Office sought			
Geographic Area			

## Officers of the Committee

	Name	Address	Phone
Chair (required)			
Treasurer/ Secretary (required)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

## 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)	are \$
I, COMPLETE, TRUE, AND CORRECT.	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
Signature:	Date:

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.

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