

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

| This report is a(n                                      | ) (check one):        | New registration _                       | Amendment to registra | ation          |
|---|-----------------------|--|-----------------------|----------------|
| The organization  | is for a (check one): | Candidate Committee                      | X Political Committee | Political Fund |
| Committee Name  | St. Paul Works        |  |                       |                |
| Candidate Name  | (first and last)      |  |                       |                |
| Mailing Address   | of Committee          | ). Box 14383, St. Paul, M                |                       |                |
| Email   |                       |  | Phone                 |                |
| Purpose or Office                                       | e sought Political Co | ommittee for St. Paul mu                 | nicipal elections     |                |
| Geographic Area   | St. Paul              |  |                       |                |
| Officers of the Co                                      | ommittee<br>Name      | Address                                  | Pho                   | one            |
| Chair<br>(required)                                     | Cecil Smith           | P.O. Box 1438<br>St. Paul, MN 5          | 3                     | JII.           |
| Treasurer/<br>Secretary<br>(required)                   | Cecil Smith           | P.O. Box 1438;<br>St. Paul, MN 55        | 3<br>5114             |                |
| Other Principal<br>Officers<br>(if any)                 |                       |  |                       | :              |
| Other Principal<br>Officers<br>(if any)                 |                       |  |                       |                |
| Depository(ies)/<br>Bank Location of<br>Committee Funds | Bridgewater Bank      | 4450 Excelsior Blv<br>St. Louis Park, MN | 1 55416 (9            | 52) 893-6868   |
|   | Name                  | Address                                  | Ph                    | one            |

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

| Candidate Name or Party Name Pa Der Vang   |
|--|
|  |
| Address P.O. Box 6745, St. Paul, MN 55106  |
| Office sought by candidate City Council Ward 7 seat  |
| Party Affiliation (if any)DFL  |
|  |
|  |
| THIS SECTION TO BE COMPLETED BY ALL COMMITTEES   |
| Liquid assets on hand as of (date) $\underline{}^{\text{October 19}}$ are $\$\underline{}^{0}$ . |
| I, Cecil Smith CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS                            |
| COMPLETE, TRUE, AND CORRECT.   |
| Signature: Date:   |
| AND DEDCOM WILLO CLONG AND CERTIFIED TO BE TRUE A CTATEMENT WILLOW HE OR CHE WHOMK CONTAINS      |

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.