

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 WARD 7 ROOTS FOR QUIROZ

Candidate Name (first and last) MARYANNE QUIROZ

Mailing Address of Committee (include city, state, and zip code) PO BOX 40246 SAINT PAUL, MN 55104

Email INFO@QUIROZ.FORTHEASTSIDE.COM Phone 501 478 9591

Purpose or Office sought SAINT PAUL CITY COUNCIL

Geographic Area SAINT PAUL WARD 7

Officers of the Committee

	Name	Address	Phone
Chair (required)	Sergio Quiroz	24 Nelson Street St Paul MN 55119	612 203 5690
Treasurer/ Secretary (required)	SERGIO QUIROZ	24 NELSON ST ST PAUL, MN 55119	612 203 51090
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds SUNRISE BANK 200 UNIVERSITY AVE W ST PAUL, MN 55103 651 265 5600

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 COMMITTEES

Liquid assets on hand as of (date) 1/15/2019 are \$ 0.

I, Mary Anne Onizco CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 1/15/2019

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.