



**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

RECEIVED  
 JAN 04 2007  
 RAMSEY COUNTY  
 ELECTIONS

This report is a(n) (check one):  New Registration  Amendment  
 The organization is for a (check one):  Candidate  Political Committee  Office Holder

(Please Print or Type)

Name of Committee:

*Neighbors for Randy Schubring*

Mailing Address of Committee (include city state & zip code)

*594 Griggs Street N, Saint Paul, MN 55104*

Phone Number:

*651-210-3981*

Purpose or Office

*Saint Paul City Council*

Geographic Area

*Ward Four*

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair:	<i>Carole Faricy</i>	<i>2211 St. Clair Ave Saint Paul, MN 55105</i>	<i>651- 699-6293</i>
Co-Chair (if any)			
Treasurer	<i>Dennis Gerhardstein</i>	<i>1498 Fairmount Ave Saint Paul, MN 55105</i>	<i>651- 699-5295</i>
Deputy Treasurer (if any)	<i>Kathleen Murphy</i>	<i>2150 Carter Ave. Saint Paul, MN 55108</i>	<i>612- 709-6350</i>
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books

Name: *Dennis Gerhardstein*

Address: *(above)*

Phone Number:

Depository(ies)/Bank Location of Committee Funds

Name: *Park Midway Bank*

Address: *2265 Como Ave  
Saint Paul, MN 55108*

Phone Number: *651-  
523-7831*

Depository(ies)/Bank Location of Committee Funds

Name:

Address:

Phone Number:

**This section for Political Committees Only**

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)

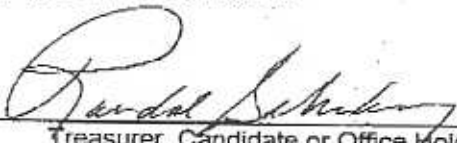
Is the committee a continuing one? (Check appropriate response)  Yes  No

**This Section is To Be Completed By All Committees**

Liquid assets on hand as of (date) 12/30/06 are \$ 1220.00

I, Randy Schubring (Print or type name) CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS

COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 1/02/06

**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.**