



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

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:

Pat Harris for City Council

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

1885 Bayard Ave. ST. PAUL, MN 55116

Phone Number:

Purpose or Office

City Council - WARD 3

Geographic Area

City of ST. PAUL

Officers of Committee

Officer	Name	Address	Phone Number
Chair:			
Co-Chair (If any)			
Treasurer	Dennis Rosemark	1805 Eleanor Ave. ST. PAUL, MN 55116	651-695- 8673
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:

Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:
	Associated Bank	176 Sheering Ave N. ST. PAUL, MN 55104	
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) 3/1/09 are \$ 1,137²³

I, John Marshall . CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 3/1/09

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.