



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

RECEIVED

OCT 05 2009

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:

NO BAD BALLOTS COMMITTEE

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

PO Box 6523

ST. PAUL, MN 55106-0523

Phone Number:

651-290-0729

Purpose or Office

Defeat IRV Ballot Question

Geographic Area

SAINT PAUL, MN

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Charles Repke	165 McBoel St Paul MN 55102	651-214-8664
Co-Chair (if any)	Angie Kline	1860 Yorkshire Ave St Paul MN 55116	651-699-3510
Treasurer	GLORIA BOGEN	154 W. Winifred St ST PAUL MN 55107	651-290-0729
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books

Name: GLORIA E. BOGEN (above)

Address:

Phone Number:

Depository(ies)/Bank Location of Committee Funds

Name: Dravie Bank

Address:

600 E Plato Blvd St Paul MN 55107

Phone Number:

651-224-5057

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) 5 October 09 are \$ 100.00

I, GLORIA E. BOHEN  
(Print or type name)

CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS

COMPLETE, TRUE AND CORRECT.

Signature: \_\_\_\_\_  
Treasurer, Candidate or Office Holder

Date: 5 October 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.**