

# REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☐ New Registration

☒ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.
2. ☐ **Political Committee** (See registration form instructions.) Complete items 4-7, 10, 12-13.
3. ☐ **Political Fund** (See registration form instructions.) Complete items 4-7, 10-13.

4. NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

4006 Blaisdell Ave South, Mpls MN 55409

6. E-MAIL ADDRESS: Elizabeth@ELIZABETHGlidden.com

7. TELEPHONE OF COMMITTEE OR FUND: \_\_\_\_\_

8. NAME OF CANDIDATE - If Principal Campaign Committee: Elizabeth Glidden

CANDIDATE'S ADDRESS: \_\_\_\_\_

CANDIDATE'S PHONE: \_\_\_\_\_

Received by Hennepin County  
Taxpayer Services

FEB 02 2009

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Log DB  
PM DEL 2209

Minneapolis: ☐ Mayor ☐ Council Ward No. \_\_\_\_\_ ☐ Library Board ☐ Park Board District No. \_\_\_\_\_

☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. \_\_\_\_\_

☐ Three Rivers Park District No. \_\_\_\_\_ ☐ Hennepin Conservation District No. \_\_\_\_\_

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: \_\_\_\_\_

Treasurer: NICOLE BEERS - 319 WYOMING ST. WEST-ST. PAUL - 55107

E-mail address npettite@msn.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Voyager Bank

Address: 10653 Wayzata Blvd, Minnetonka MN 55305

13. CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.

I, (Print Name) Nicole Beers, The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.

Nicole Beers  
(Signature of Treasurer)

2/2/09  
(Date)