

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):

4007 Blaisdell Avenue South, Minneapolis, MN 55409

6. E-MAIL ADDRESS: eglidden@hedinlaw.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-825-9136

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

CANDIDATE'S ADDRESS: 4007 Blaisdell Avenue South, Minneapolis, MN 55409

CANDIDATE'S PHONE: 612-825-9136

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 8 ☐ Library Board ☐ Park Board District No. _____

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

Hennepin County: ☐ Attorney ☐ Commissioner District No. _____ ☐ Sheriff ☐ Regional Park Board District No. _____

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

Chair: Eric Pusey 4007 Blaisdell Avenue South, Mpls., MN 55409 612-825-9136

Treasurer: Daniel S. Goldberg 1219 Marquette Ave. S., Ste #250, Mpls, MN 55403 612-871-5500

E-mail address danlgold@yahoo.com; danlgold@qwest.net

Deputy Treasurer (if any): _____

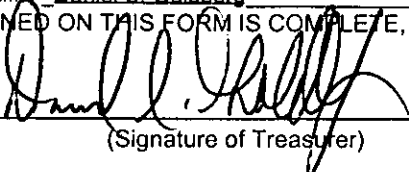
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: IDS Center, Minneapolis, MN

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) Daniel S. Goldberg, 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.


(Signature of Treasurer)

3/18/05
(Date)

Received by Hennepin County
Taxpayer Services

MAR 21 2005

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

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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):

4007 Blaisdell Ave S, Minneapolis, MN 55409

6. E-MAIL ADDRESS: egldden@hednlaw.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-825-9136

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

CANDIDATE'S ADDRESS: 4007 Blaisdell Ave S, Minneapolis, MN

CANDIDATE'S PHONE: 612-825-9136

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 8 ☐ Library Board ☐ Park Board District No. _____

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

Hennepin County: ☐ Attorney ☐ Commissioner District No. _____ ☐ Sheriff ☐ Regional Park Board District No. _____

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

Chair: Eric Pusey 4007 Blaisdell Ave South, Minneapolis, MN 55409 612-825-9136

Treasurer: Patricia J. Klover 10653 Wayzata Boulevard, Minnetonka, MN 55305 952-345-8076

E-mail address pattyklover@yahoo.com;pattyklover@voyagerbank.com

Deputy Treasurer (If any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 775 Prairie Center Drive, Eden Prairie, MN 55344

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) Patricia J. Klover

CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.

The Treasurer CERTIFY THAT THE INFORMATION

Received by Hennepin County
Taxpayer Services

(Signature of Treasurer)

5/6/05
(Date)

MAY 9 2005

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-800 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0050 • (612)598-7152

PM

DEL

REGISTRATION AND STATEMENT OF ORGANIZATION

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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 S., Minneapolis, MN 55409

6. E-MAIL ADDRESS: elizabeth@elizabethglidden.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-825-9136

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

CANDIDATE'S ADDRESS: 4006 Blaisdell Ave S

CANDIDATE'S PHONE: 612-825-9136

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 8 ☐ 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. _____ ☐ Soil and Water Conservation District No. _____

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

Chair: Eric Pusey 4006 Blaisdell Ave S 612-825-916

Treasurer: Nicole Pettit ✓ 3346 Blaisdell Ave S., Mpls., MN 55409 ✓ 612-823-1788 ✓

E-mail address npettit@msn.com ✓

Deputy Treasurer (if any): _____

Received by Hennepin County
Taxpayer Services

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

FEB 1 2007

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

Address: 10653 Wayzata Blvd., Minnetonka, MN 55305

Log _____ DB
PM _____ DEL

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 Pettit, 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 Pettit
(Signature of Treasurer)

1/31/07
(Date)