

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 Ave. S., 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

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:

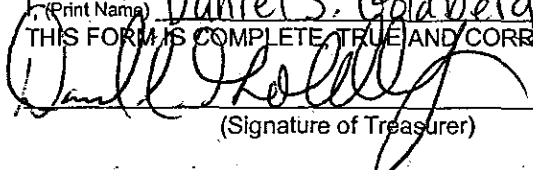
	NAME	MAILING ADDRESS FOR COMMITTEE BUSINESS	PHONE
Chair:	<u>Elizabeth Glidden</u>	<u>4007 Blaisdell Ave S. Minneapolis</u>	<u>55409</u>
Treasurer:	<u>Daniel S. Goldberg</u>	<u>1219 Marguett Ave S., Ste 250</u> <u>Minneapolis, MN 55403</u>	<u>612.871.5500</u>
		E-mail address: <u>dgoldberg@hedinlaw.com</u>	
Deputy Treasurer (if any):	_____		

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): U.S. 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) 12/23/04 (Date)

JAN 3 2005

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

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