

# 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.

Received by Hennepin County  
Taxpayer Services

4. NAME OF COMMITTEE OR FUND: TUTHILL FOR 10<sup>TH</sup> WARD

JAN 28 2011

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

2420 BRYANT Ave South, Mpls MN 55405

6. E-MAIL ADDRESS: LAJFOREMAN@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-377-3123

8. NAME OF CANDIDATE - If Principal Campaign Committee: MEG TUTHILL

CANDIDATE'S ADDRESS: 2420 BRYANT Ave S, Mpls MN 55405

CANDIDATE'S PHONE: 612-377-3123

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Minneapolis: ☐ Mayor ☒ Council Ward No. 10 ☐ Library Board ☐ Park Board District No. \_\_\_\_\_

☐ Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_ ☐ 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: Leslie Foreman

Treasurer: Twyla Staiger-Dixon

E-mail address twyla\_dixon@msn.com

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

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

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

Address: 2546 Hennepin Avenue South, Minneapolis MN 55405

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) Twyla Staiger-Dixon, 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)

(Date)