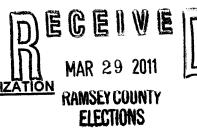


REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information)



This report is a(n) (check one): X New Registration Amendment The organization is for a (check one): X Candidate Political Committee (Please Print or Type)	eOffice Holder
Name of Committee:	
Jim Ivey for City Council	
Mailing Address of Committee (include city state & zip code)	Phone Number:
300 Wall St #708, Saint Paul, MN 55101	612-568-4839
Purpose or Office	
Saint Paul City Council	
Geographic Area	

Saint Paul – Ward 2

Officers of Comm	ittee		
Officer	Name	Address	Phone Number
Chair:	Elizabeth Dickinson	384 Hall Ave Saint Paul, MN 55107	651-312-0616
Co-Chair (If any)	Jesse Mortenson	1815 Ashland Ave #4 Saint Paul, MN 55104	651-442-5734
Treasurer	Dan Craigie	1842 Franklin Ave SE #6 Minneapolis, MN 55414	763-639-7303
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of Name:		Address:	Phone Number:
(- VD	k Name:	Address: 380 Jackson St. #279	Phone Number:
Depository(ies)/Ban Location of Commit	[** - *****	380 Jackson St. #279 Saint Paul, MN 55101	651-298-7103
Funds Depository(ies)/Ban Location of Commit Funds	k Name: tee	Address:	Phone Number:

	itical Committees Or				
Candidate or Party S Candidate or	upported by Political (Commune	0.00	Party Affiliation (If any)	
Party Name	Address		Office	Party Anniation (ii dily)	
Is the committee a c	ontinuing one? (Chec	ck appropriate response)	Yes	No	
This Section is To	Be Completed By Al	ll Committees			
Liquid assets on ha	nd as of (date)	March 29, 2011	are \$\$0		
I, Jim Ivey CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name)					
COMPLETE, TRUE	AND CORRECT.				
Signature:	Candidate or	Office Holder		Date: March 29, 2011	
				UE OD SUE KNOWS CONTAINS	

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.