

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): _____ New Registration X Amendment

The organization is for a (check one): X Candidate _____ Political Committee _____ Office Holder

(Please Print or Type)

Name of Committee: Volunteers for Mannillo	
Mailing Address of Committee (include city state & zip code) 1335 Beechwood Place, St. Paul, MN 55116	Phone Number: 651-699-3322
Purpose or Office St. Paul City Council	
Geographic Area Saint Paul - Ward 3	

Officers of Committee

Officer	Name	Address	Phone Number
Co-Chair:	John G. Hoeschler	1630 Edgumbe Rd., St. Paul, MN 55116	651-699-6602
Co-Chair:	Nancy Lake-Smith	1684 Highland Pkwy., St. Paul, MN 55116	651-592-5296
Treasurer:	Gerald A. Mischke	1993 Palace Ave., St. Paul, MN 55105	651-698-8143
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name : Associated Bank	Address: 176 Snelling Ave N., St. Paul 55104	Phone Number: 651-646-8681
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)

Is the committee a continuing one? (Check appropriate response) ☐ Yes ☐ No


This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) January 31, 2011 are \$ \$694.34

I, Gerald Mischke, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: _____



Treasurer, Volunteers for Mannillo

Date: January 31, 2011

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