

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information) JUL 1 9 2011

This report is a(n) (	check one):New Registration	X Amendment RANSEN	ואטטנ		
		tePolitical Committee	IONS		
(Please Print or Type			Office Holder		
Name of Committee:					
MANNE	O VOLUNTEERS FOR	MANNILLO			
	ommittee (include city state & zip code)	, , , , ,			
1335 BEECHWOOD PLACE			Phone Number:		
Purpose or Office			651 699-3322		
Geographic Area	CITY COUNCIL				
WARD 3	HIGHLAND PARK	Man Carrier	10		
/		MINCOROVECAN	<i>'U</i>		
Officers of Comn	nittee				
Officer	Name	Address	1		
hair:			Phone Numb		
	JOHN G. HOESCHLER	1630 EDGECUMB	57, 651 \$ AAV 220-K94		
o-Chair (If any)		70	651		
	NANCY LAKE-SMITH	1684 HIGHLAND PKY	ST DAW (90-3/4		
reasurer	NANCY LAKE-SMITH SCOTT NORDEEN	JOHNSON, WEST & CH	0, 651		
	G-CTT TOOKINEETO	332 MN STREET, STE E	-1100 227-9431		
eputy Treasurer any)		ST PHUL			
her Principal					
ficers (If any)					
her Principal ficers (If any)					
stodian of	Name:				
oks	SCOTT NORDEEN	Address:	Phone Number:		
		ABOVE			
pository(ies)/Bank cation of Committee	Name: ASSOCIATED BANK	Address:	Phone Number:		
nds		SNELLING AVE, ST DI	902 651		
pository(ies)/Bank cation of Committee	Name:	Address:	646-868/ Phone Number:		
nds	<b>*</b>		i none 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 conti	nuing one? (Check app	propriate response) _	Yes	No	
This Section is To Be C					
Liquid assets on hand as	of (date)	7/19/11	_ are \$	350	
(Print or type name)	NILLO.	CERTIFY THAT THE	NFORMATIO	N CONTAINE	D ON THIS FORM IS
COMPLETE, TRUE AND					
Signature: Treasure	Candidate or Office	Uo Holder		Date:	2/19/11

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.