



## 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 \_\_\_\_\_ Office Holder

(Please Print or Type)

Name of Committee: <u>Tolbert Volunteer Committee</u>	
Mailing Address of Committee (include city state & zip code) <u>1257 Watson Ave, St. Paul, MN 55116</u>	Phone Number: <u>651-269-4786</u>
Purpose or Office <u>St. Paul City Council</u>	
Geographic Area <u>Ward 3</u>	

### Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Tom Plunkett	291 Macalister St. St. Paul, MN 55105	651-222-4357
Co-Chair (If any)	Kim Bingham	1907 Grand Ave St. Paul, MN 55105	651-690-0308
Treasurer	JOE ELLISON <del>Joe Ellison</del>	3808 PORTLAND AVES	
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:

Depository(ies)/Bank Location of Committee Funds	Name: <u>Highland Bank - St. Paul Offices</u>	Address: <u>2100 Ford Parkway St. Paul, MN 55116</u>	Phone Number: <u>651-698-2471</u>
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)

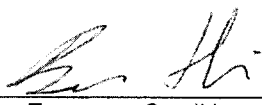
Is the committee a continuing one? (Check appropriate response) ☐ Yes ☐ No

**This Section is To Be Completed By All Committees**

Liquid assets on hand as of (date) 1/30/2011 are \$ \*1,473.06

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

COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 1/30/2011

**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.**