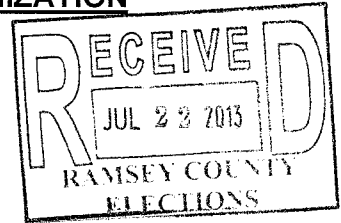


REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



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

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

(Please Print or Type)

Name of Committee: VOLUNTEERS FOR MONTGOMERY	
Mailing Address of Committee (include city state & zip code) PO Box 40578 ST. PAUL, MINNESOTA 55104	Phone Number: 651-261-5213
Purpose or Office ST PAUL CITY COUNCIL - WARD ONE	
Geographic Area WARD ONE	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	DRALEE PATTERSON	962 WEST CENTRAL ST. PAUL, MN 55104 AVE	651-487 2412
Co-Chair (If any)			
Treasurer	BROOKE BLAKEY	478 AURORA AVE ST Paul, MN 55103	651-775- 2296
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: Anchor Bank - 3700 S. 7th Ave	Address: ST Paul North Central 55109	Phone Number: 651-747- 2315
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)
DEBORAH MONTGOMERY	1016 WEST CENTRAL AVE ST. PAUL, MN 55104	ST. PAUL CITY COUNCIL	DFL WARD ONE

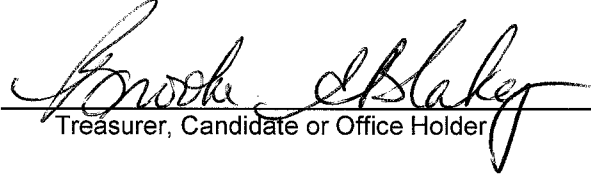
Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 7/22/13 are \$ 100⁰⁰

I, Brooke A Blakey, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 7/22/13

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.