

**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

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

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

Committee Name Pamela Tollefson for City Council

Candidate Name (first and last) Pam Tollefson

Mailing Address of Committee (include city, state, and zipcode) 515 Brainerd P.O. Box 17317 St Paul MN 55117

Email PamelaTollefsonwards@gmail.com Phone 651 9645227

Purpose or Office sought City Council St. Paul

Geographic Area Ward 5

**Officers of the Committee**

Name	Address	Phone
Chair (required) Pam Tollefson	515 Brainerd	651 9645227
Treasurer/ Secretary (required) Rick Tollefson / Pam Tollefson	8195 Turtle Creek Blvd Minnetrista 55375 515 Brainerd	St Paul 651 9645227
Other Principal Officers (if any) Lori Charpenster	N. St. Paul	
Other Principal Officers (if any) Deanna Donnelly	Woodbury	

Depository(ies)/ Bank Location of Committee Funds US Bank 1000 Payne Ave 651/7782650

Name Address Phone

**THIS SECTION FOR POLITICAL COMMITTEES ONLY**  
Candidate or Party supported by Political Committee

Candidate Name or Party Name \_\_\_\_\_

Address \_\_\_\_\_

Office sought  
by candidate \_\_\_\_\_

Party Affiliation  
(if any) \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) \_\_\_\_\_ are \$ 525.00.

I, Pau Tollefson CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: Pau Tollyson Date: 2/13/23

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.