



**RECEIVED**

**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

SEP 05 2007

**RAMSEY COUNTY ELECTIONS**

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:

*Anderson Volunteer Committee*

Mailing Address of Committee (Include city state & zip code)

*403 Blair Ave St Paul MN 55103*

Phone Number:

*651-222-1025*

Purpose or Office

*St Paul - City Council*

Geographic Area

*Ward 5, St Paul, MN*

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair			
Co-Chair (if any)			
Treasurer	<i>Paul Henningsen</i>	<i>403 Blair Ave St Paul - MN 55103</i>	<i>(651) 222-1025</i>
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books

Name: *Paul Henningsen*

Address: *403 Blair Ave  
St Paul MN 55103*

Phone Number: *(651) 222-1025*

Depository(ies)/Bank Location of Committee Funds

Name: *Hibernia Federal CU*

Address: *111 Empire Dr  
St Paul MN 55103*

Phone Number: *(651) 291-1515*

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) Sept 5, 2007 are \$ 255--

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

COMPLETE, TRUE AND CORRECT.

Signature: Paul Holmgren  
Treasurer, Candidate or Office Holder

Date: 9/5/07

**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.**