

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington, Brooklyn Park, & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.
2. ☐ **Political Committee** (See registration form instructions.) Complete items 4-7, 10, 12-13.
3. ☐ **Political Fund** (See registration form instructions.) Complete items 4-7, 10-13.

4. NAME OF COMMITTEE OR FUND: Hayden for Ward One

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
1002 22nd Ave NE, Minneapolis, MN 55418

6. E-MAIL ADDRESS: contact@MyNeighborJohn.com

7. TELEPHONE OF COMMITTEE OR FUND: (612) 460-8509

8. NAME OF CANDIDATE - If Principal Campaign Committee: John Hayden

CANDIDATE'S ADDRESS: 1002 22nd Ave NE, Minneapolis, MN 55418

CANDIDATE'S PHONE: (612) 460-8509

Received by Hennepin County
Taxpayer Services

APR 24 2017

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Log _____ DB _____
PM _____ DEL _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 1 ☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____ ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Paul Ostrow 2239 Arthur St NE, Minneapolis, MN 55418 (612) 239-8612

Treasurer: John Hayden 1002 22nd Ave NE, Minneapolis, MN 55418 (612) 460-8509

E-mail address contact@MyNeighborJohn.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Northeast Bank

Address: 77 Broadway St NE, Minneapolis, MN 55413

13. CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.

I, (Print Name) John Hayden, The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.


(Signature of Treasurer)

4/24/17
(Date)