

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: Hodges for Mayor

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):
3034 Johnson St NE Mpls, MN 55418

6. E-Mail Address:

7. Telephone of Committee or Fund:

8. Name of Candidate - If Principal Campaign Committee: Betsy Hodges

Candidate's Address: 4325 Xerxes Avenue S Mpls MN 55418

Candidate's Phone: 612-229-5999

Received by Hennepin County
Taxpayer Services

NOV 28 2012

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District _____

Log DB
PM DEL 11-28-12

Minneapolis: Mayor Council Ward No. _____ 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. _____ Hennepin Conservation District No. _____

10. Committee Officers: Name _____ Mailing Address for Committee Business _____ Phone _____

Chair: co-chairs Scott Dibble : Josie Johnson 3034 Johnson St NE 55418 612-229-5999

Treasurer: Todd Bennington 3034 Johnson St NE 55418 612-850-1033

E-mail address _____

Deputy Treasurer (if any): _____

11. Associations Supporting a Political Fund: _____

12. Depository/Bank (Location of Committee Funds): Wings Financial Credit Union

Address: _____

14985 Glazier Ave, Ste 100
Apple Valley, MN 55124-6559

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) Todd Bennington, 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)

(Date)

11-27-12