

# 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: Neighbors for Jillia

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): PO Box 68153 MPLS MN 55418

6. E-MAIL ADDRESS: infoejilliaforwardone.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-889-0711

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jillia Passenda

CANDIDATE'S ADDRESS: 2211 Buchanan St. NE MPLS MN 55418

CANDIDATE'S PHONE: 612-361-7015

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

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: \_\_\_\_\_ PO Box 68153 MPLS MN 55418

Treasurer: Elizabeth Loeb 646-621-7931

E-mail address Elizabeth.Loeb@gmail.com

Deputy Treasurer (if any): \_\_\_\_\_ Received by Hennepin County Taxpayer Services

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Wings Financial JAN 30 2017

Address: \_\_\_\_\_ Log \_\_\_\_\_ DB \_\_\_\_\_

PM \_\_\_\_\_ DEL \_\_\_\_\_

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) Elliot Attkisson, 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] 1/30/17

(Signature of Treasurer) (Date)