

# 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: B Northside for Buckner

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
2112 RUSSELL AVE N, MPLS MN 55411

6. E-MAIL ADDRESS: Buckner for Council e.gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612 356 2520

8. NAME OF CANDIDATE - If Principal Campaign Committee: Brett Buckner

CANDIDATE'S ADDRESS: 2112 RUSSELL AVE N, MPLS MN 55411

CANDIDATE'S PHONE: 612 521.3433

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Brooklyn Park: ☐ Mayor ☐ Council District \_\_\_\_\_

Minneapolis: ☐ Mayor ☒ Council Ward No. 5 ☐ Library Board

☐ Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. \_\_\_\_\_

☐ Three Rivers Park District No. \_\_\_\_\_ ☐ Hennepin Conservation District No. \_\_\_\_\_

Received by Hennepin County  
Taxpayer Services

SEP 12 2012

Log

DB

PM

DEL

☐ Park Board District \_\_\_\_\_  
☐ Board of Estimate/Taxation

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

Chair: \_\_\_\_\_

Treasurer: Cecilia M Clements 1000 RUSSELL AVE N. MPLS 55411 612.743.6026

E-mail address CECILIAMCLEMENTS@GMAIL.COM

Deputy Treasurer (if any): \_\_\_\_\_

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

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

Address: 525 Washington Ave N 55401

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) CECILIA CLEMENTS, 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.

Cecilia Clements  
(Signature of Treasurer)

9/12/12  
(Date)