REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

		☐ New Registration ☐ Amendment		
2. [Principal Campaign Committee (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13. Political Committee (See registration form instructions.) Complete Items 4-7, 10, 12-13. Political Fund (See registration form instructions.) Complete Items 4-7, 10-13. 			
4.	NAME OF COM	MITTEE OR FUND: DIANE HOSTEDE FOR City COUNCIL		
5.		ESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 1 Adams Street N.E.		
6.		ess: dehlerma AOL, com		
7.	Tel en love of	- CONTRACTION 1.12-8/6-1275		
8.	NAME OF CAND	DIDATE - If Principal Campaign Committee: DIANE Hofstede For City Council		
	CANDIDATE'S A	DIDATE - If Principal Campaign Committee: DIANE Hofstede for City Council ADDRESS: 610 RAMSey St. N.E. Mp15, MN 55413		
	CANDIDATE'S P	PHONE:		
9.	OFFICE SOUGH Bloomington:	HT OR HELD BY CANDIDATE: ☐ Mayor ☐ Council District No		
	Minneapolis:	☐ Mayor ☐ Council Ward No. <u>3</u> 。 ☐ Library Board ☐ Park Board District No		
		☐ Minneapolis School District #1 District No.(1-6 OR at Large) ☐ Board of Estimate/Taxation		
	Hennepin	Attorney Sheriff Commissioner District No		
	County:	Three Rivers Park District No Hennepin Conservation District No		
10.	COMMITTEE OF	FFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE		
	Chair:			
	Treasurer:	Ray Dehler.		
		E-mail address dehlerm@AOL.COM		
	Deputy Treasu	urer (if any):		
11.	Associations	Supporting a Political Fund:		
12.	DEPOSITORY/B.	BANK (Location of Committee Funds): Northeast Bank		
	Address:	77. Broadway St. N.E Mp15, 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) THIS FORM I	Roy Dehler, The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON SCOMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.		
	_/\(U	(Signature of Treasurer) (Date)		
		(Signature of Treasurer) (Date)		

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152