REGISTRATION AND STATEMENT OF ORGANIZATION

	□ New Registration	Amendment		•		
1.		mmittee (Cities of Bloomington & Mi ructions.) Complete Items 4-10 and		ty Government o	elective	
2. 🗆	Political Committee (Se	e registration form instructions.) Co	mplete items 4-7, 10, 12-13.			
3. 🗆	Political Fund (See regi	stration form instructions.) Complete	e items 4-7, 10-13.	·		:
4.	NAME OF COMMITTEE OR FUND:	leighbors for Hoolge	<u> </u>			
5.	MAILING ADDRESS OF COMMITTEE C	R Fund (Include City, State, Zip Code): \$\$4\\			
6.	E-MAIL ADDRESS: A JOLE	ARYZOGMALL.COM	4 .			
7.	Telephone of Committee or Fun	0: 651.357.5234		i êce	annepin C	³ Aum*:
8.	Name of Candidate - If Principa	Campaign Committee: 3-154	Hodges		φayer Services	e ^t
	CANDIDATE'S ADDRESS:			-	FEB 0 2 2015	·
	CANDIDATE'S PHONE:			Log	DB	King a server
	<u> </u>			PM	DEL	**************************************
9. "	OFFICE SOUGHT OR HELD BY CAND					
	Bloomington: Mayor	☐ Council District No.		_	<u> </u>	
Bro	ooklyn Park: 🗆 Mayor 🗆	Council District No.				
	- Minneapolis: ☐ Mayor	M Council Ward No.			Library	
Board	☐ Park Board Distr	ict No.				
	☐ Minneapolis Sci	nool District #1 District No.(1-6 OR a	t Large)		_	
□ во	ard of Estimate/Taxation					
	- Hennepin □ Attorney	☐ Sheriff	☐ Commissioner Distri	ct No.		
						:
	County:					
	☐ Three River	s Park District No.				•
10.	COMMITTEE OFFICERS:	JAME MAILING ADDRESS FOR COM	IMITTEE BUSINESS PHONE			
10.	COMMITTEE OFFICERS.	NAME INVALING ADDRESS FOR COM	MILITE DOSINESS FROME			
:	Chair:					
	Treasurer: Andrew C	Pleary 4240	30th Ace S. 1	Times	oolis, MV	
		_	650	t 06		

	E-mail address A JOLEARY 16 GMAIL, COM
	Deputy Treasurer (if any):
11.	Associations Supporting a Political Fund:
12.	DEPOSITORY/BANK (Location of Committee Funds):
	Address:
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) Andrew O Leary 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)

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION - PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152 6/6/14