

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

New Registration

Amendment

1. **Principal Campaign Committee** (Cities of Bloomington & 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: 00000 **BICKING FOR CITY COUNCIL**

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):
00000 **c/o DAVID WEISBERG, 2425 FRANKLIN AVE E, MINNEAPOLIS, MN 55406**

6. E-Mail Address: 00000 **DS WEISBERG@YAHOO.COM**

7. Telephone of Committee or Fund: 00000 **612-664-0182**

8. Name of Candidate - If Principal Campaign Committee: 00000 **DAVE BICKING**

Candidate's Address: 00000 **3211 - 22ND AVE S, APT 1, MINNEAPOLIS, MN 55407**

Candidate's Phone: 00000 **612-276-1213**

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. 00

Minneapolis: Mayor Council Ward No. 00 9

Minneapolis Special School District No. 1

Library Board

Park Board District No. 00

Board of Estimate/Taxation

Hennepin County: Attorney Commissioner District No. 00

Sheriff

Regional Park Board District No. 00

10. Committee Officers:

Name

Mailing Address for Committee Business

Phone

Chair: 00000 **REBECCA CRAMER**

00000 **3148-24TH AVE S, MALE MN 55406**

00000 **612-724-8864**

Treasurer: 00000 **DAVID WEISBERG**

00000 **2425 FRANKLIN AVE E, MALE MN 55406**

00000 **612-664-0182**

E-mail address 00000 **DS WEISBERG@YAHOO.COM**

Deputy Treasurer (if any): 00000 **NONE**

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11. Associations Supporting a Political Fund: 00000

12. Depository/Bank (Location of Committee Funds): 00000 **WELLS FARGO**

Address: 00000 **3030 NICOLLET AVE, MALE MN**

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) 00000 **DAVID WEISBERG**, 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.

David Weisberg
(Signature of Treasurer)

00000 **8-7-05**
(Date)

File with: Taxpayer Services Department, Elections Division • A-600 Government Center, Minneapolis, MN 55406
Received by Hennepin County Taxpayer Services

AUG 9 2005