

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: Neighbors for Linea

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

P.O. Box 24050, Minneapolis, MN 55424

6. E-MAIL ADDRESS: nieghborsforlinea@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: _____

Received by Hennepin County
Taxpayer Services

8. NAME OF CANDIDATE - If Principal Campaign Committee: Linea Palmisano

JAN 07 2013

CANDIDATE'S ADDRESS: 4309 France Avenue South, Minneapolis, MN 55410

CANDIDATE'S PHONE: 612-305-8719

Log DB

PM 1-4-13 DEL

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 13 ☐ 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. _____ ☐ Hennepin Conservation District No. _____

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

Chair: _____

Treasurer: Marjory Newton 3614 W 44th St, Minneapolis, MN 55410 612-920-1002

E-mail address marjac3614@comcast.net

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 6868 France Avenue South, Minneapolis, MN 55435

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) Marjory Newton, 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.

Marjory Newton
(Signature of Treasurer)

1/5/13
(Date)