

# 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: Jim Thomas for Mayor of Minneapolis

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
5517 10th Avenue South mpls Mn 55417

6. E-MAIL ADDRESS: \_\_\_\_\_

7. TELEPHONE OF COMMITTEE OR FUND: 612-824-9335

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jim Thomas

CANDIDATE'S ADDRESS: 5517 10th Avenue South mpls Mn 55417

CANDIDATE'S PHONE: 612-824-9335

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

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

Minneapolis: ☒ Mayor ☐ Council Ward No. \_\_\_\_\_ ☐ 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. \_\_\_\_\_

MAR 29 2013

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10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE 612-824-9335

Chair: Chris Hoff

Treasurer: Eugene Christensen 5517 10th Avenue South 612  
mpls Mn 55417 824-9335

E-mail address \_\_\_\_\_

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

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

12. DEPOSITORY/BANK (Location of Committee Funds): Richfield Bloomington Credit Union

Address: 345 East 77th Richfield MN 55423

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) Eugene R. Christensen, 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.

Eugene R. Christensen  
(Signature of Treasurer)

3/29/13  
(Date)