

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 Hodges

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

4205 Colfax Avenue South, Minneapolis, MN 55409

6. E-MAIL ADDRESS: mattp@pobox.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-839-3320

8. NAME OF CANDIDATE - If Principal Campaign Committee: Betsy Hodges

CANDIDATE'S ADDRESS: 4312 Linden Hills Blvd., #203, Minneapolis, MN, 55410

CANDIDATE'S PHONE: 612-229-5999

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 Special School District No. 1 ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____ ☐ Soil and Water Conservation District No. _____

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

Chair: Michelle Martin and Frank Hornstein 4205 Colfax Avenue South 612-839-3320

Treasurer: Matt Perry 4205 Colfax Avenue South 612-839-3320

E-mail address mattp@pobox.com

Deputy Treasurer (if any): Ben Hecker 414 Banfil Street, St. Paul, MN, 55102 651-222-3525

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 801 Marquette Avenue, Minneapolis, MN, 55402

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) MATTHEW J. PERRY, 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.

Matthew J. Perry
(Signature of Treasurer)

2/2/2009
(Date)