

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ 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: Mann for Mayor

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3706 Logan Ave North, Mpls, MN 55412

6. E-MAIL ADDRESS: Mann4Mayor@CS.com

7. TELEPHONE OF COMMITTEE OR FUND: 612 824-8800

8. NAME OF CANDIDATE - If Principal Campaign Committee: Doug Mann

CANDIDATE'S ADDRESS: 3706 Logan Avenue North, Mpls, MN 55412

CANDIDATE'S PHONE: 612 824-8800

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

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Brooklyn Park: ☐ Mayor ☐ Council District _____

Log DB
PM 6-13 DEL

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. _____

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

Chair: _____

Treasurer: Farheen Hakeem 3729 Shelling Ave S. Mpls 55406 612-964-9143

E-mail address farheen@farheenhakeem.org

Deputy Treasurer (if any): Doug Mann

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: ~~FCP Bank~~

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

Address: 4222 West Broadway, Robbinsdale, MN 55422

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) Farheen Hakeem, 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.

Farheen Hakeem
(Signature of Treasurer)

5/28/13
(Date)