

# 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: NEIGHBORS UNITED FOR RAYMOND DEHN

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
1611 25TH AVE N, MINNEAPOLIS, MN. 55411

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

7. TELEPHONE OF COMMITTEE OR FUND: 612-310-3346

8. NAME OF CANDIDATE - If Principal Campaign Committee: RAYMOND DEHN

CANDIDATE'S ADDRESS: 1611 25TH AVE N, MINNEAPOLIS, MN. 55411  
CANDIDATE'S PHONE: 612-310-3346

DEC 30 2016

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Log \_\_\_\_\_ DB \_\_\_\_\_  
PM \_\_\_\_\_ DEL \_\_\_\_\_

Brooklyn Park: ☐ Mayor ☐ Council District No. \_\_\_\_\_

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. \_\_\_\_\_

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

Chair: JOHN DWYER 400 MARQUETTE AVE #2809, MPLS, MN 55401 (612) 270-4429

Treasurer: Jessica Monette 1 Thomas Ave S, Minneapolis MN 55405 (612) 219-6249

E-mail address jessmonette@gmail.com

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

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

12. DEPOSITORY/BANK (Location of Committee Funds): WELLS FARGO

Address: OLD SAINT ANTHONY 425 E. HENNEPIN AVE, MINNEAPOLIS, MN. 55414

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) Jessica Monette, 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.

[Signature]  
(Signature of Treasurer)

12/29/2016  
(Date)