

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: GARY SCHIFF for Mayor

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

3215 23rd Ave S, Minneapolis, MN

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

7. TELEPHONE OF COMMITTEE OR FUND: 612 418 7236

8. NAME OF CANDIDATE - If Principal Campaign Committee: GARY SCHIFF

CANDIDATE'S ADDRESS: 3215 23rd Ave S Mpls MN 55407

CANDIDATE'S PHONE: 612 418 7236

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

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. _____ ☐ Hennepin Conservation District No. _____

DEC 12 2012

Log DB
PM DEL 12-12-12

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

co-Chair: Kim Bartmann, Bill Ziegler, Mohamud Noor

Treasurer: Rebecca Klock-Waggoner

E-mail address: rebecca.waggoner@outfront.org

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 220 South Sixth St, Suite 220

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) Rebecca Klock, 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 of Treasurer)

12/12/12 (Date)