

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 Linea

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

P.O. Box 24050, Minneapolis, MN 55424

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

7. TELEPHONE OF COMMITTEE OR FUND: _____

Received by Hennepin County
Taxpayer Services

8. NAME OF CANDIDATE - If Principal Campaign Committee: Linea Palmisano

JAN 07 2013

CANDIDATE'S ADDRESS: 4309 France Avenue South, Minneapolis, MN 55410

CANDIDATE'S PHONE: 612-305-8719

Log DB

PM 1-4-13 DEL

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 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: Marjory Newton

3614 W 44th St, Minneapolis, MN 55410

612-920-1002

E-mail address marjac3614@comcast.net

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 6868 France Avenue South, Minneapolis, MN 55435

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) Marjory Newton

, 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.

Marjory Newton
(Signature of Treasurer)

1/5/13
(Date)