## REGISTRATION AND STATEMENT OF ORGANIZATION Elections Division

			New Registration	ו		oct oct	2 3 2013	
2. [	Principal Campaign Committee (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.  Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13.  Political Fund (See registration form instructions.) Complete items 4-7, 10-13.							
4.	Name of Committee or Fund: <u>Northside for Buckner</u>							
5.	Mailing Address of Committee or Fund (Include City, State, Zip Code): 2112 Russell Avenue North Minneapolis MN 55411-2440							
6.	E-Mail Addres	E-Mail Address: Brett@Brettbuckner.com						
7.	TELEPHONE OF COMMITTEE OR FUND: 612.356.2520							
8.	NAME OF CANDIDATE - If Principal Campaign Committee: Brett Buckner							
	CANDIDATE'S ADDRESS: 2112 Russell Avenue North Minneapolis MN 55411-2440							
	Candidate's Phone: 612.229.1508							
9.	OFFICE SOUGHT Bloomington:	OR HELD BY C	ANDIDATE:  Council District No.					
	Brooklyn Park:	☐ Mayor	Council District				/m	
	Minneapolis:	☐ Mayor	⊠ Council Ward No. <u>5</u>	_	Library Board	☐ Park Board	District No.	
		☐ Minneapo	olis School District #1 Distr	rict No.(1-6	OR at Large)	_ Board of E	Estimate/Taxation	
	Hennepin	Attorney	☐ Sheriff		Commissioner District N	lo		
	County:	Three Riv	ers Park District No		Hennepin Conservation	n District No		
10.	COMMITTEE OFF	CERS:	NAME	MAILING	ADDRESS FOR COMMITTE	E BUSINESS	Phone	
	Chair:							
	Treasurer: Aaron Abram 2112 Russell Avenu					tussell Avenue North Mi	nneapolis MN 55411	612.382.6720
				E-mail	address <u>a-abram@onu</u>	edu		
	Deputy Treasurer (if any):							
11.	Associations Supporting a Political Fund: N/A							
12.	DEPOSITORY/BANK (Location of Committee Funds): Sunrise bank (Franklin Bank)							
	Address: 525 Washington Avenue North, Minneapolis, MN 55401							
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) Aaron Abram , 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.							
					10/23	//3		
		(Signature	of Treasurer)		l	(∪ate)		