

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: Schorn For Ward 10

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 2841 Bryant Ave South Apt 324 Minneapolis MN 55408

6. E-MAIL ADDRESS: Schorn410@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 320-248-8867

8. NAME OF CANDIDATE - If Principal Campaign Committee: David John Schorn
 CANDIDATE'S ADDRESS: 2841 Bryant Ave S Apt 324 Mpls 55408
 CANDIDATE'S PHONE: 320-229-8887

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

JUN 26 2017

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Log _____ DB _____
PM _____ DEL _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 10 ☐ 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 320-229-8887

Chair: David Schorn 2841 Bryant Ave S Mpls 55408

Treasurer: Brian Pflipsen 5041 Edgewood Dr Moundsview MN
 E-mail address Bpflipsen@gmail.com 55112

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Bremer Bank
 Address: 3001 Hennepin Ave South Mpls MN 55408

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) Brian Pflipsen 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.

Brian Pflipsen
(Signature of Treasurer)

6-26-17
(Date)