

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ 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: FINE FOR MAYOR

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3932 YORK AVE. SO.; MINNEAPOLIS MN 55410

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

7. TELEPHONE OF COMMITTEE OR FUND: (612) 922-6992

8. NAME OF CANDIDATE - If Principal Campaign Committee: BOB FINE

CANDIDATE'S ADDRESS: 3932 YORK AVE. SO.; MINNEAPOLIS MN 55410

CANDIDATE'S PHONE: (612) 922-6992

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

AUG 06 2013

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Log DB
PM DEL

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. _____

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

Chair: RACHEL ENGH 3932 YORK AVE. SO.; MINNEAPOLIS (612) 889-0915

Treasurer: SYLVIA FINE " " " " " (612) 922-6992

E-mail address fineformayor@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: SOMERFRANCE SO., EDINA, MN 55424

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) Sylvia Fine, 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.

Sylvia Fine (Signature of Treasurer) 8/5/13 (Date)