

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: JACOB FREY FOR OUR CITY

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 316 East Hennepin Ave Ste 300 MINNEAPOLIS, MN 55414

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

7. TELEPHONE OF COMMITTEE OR FUND: 612-968-4443

8. NAME OF CANDIDATE - If Principal Campaign Committee: JACOB FREY

CANDIDATE'S ADDRESS: 316 East Hennepin Ave Ste 300 Minneapolis, MN 55414

CANDIDATE'S PHONE: 612-968-4443

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

OCT 03 2012

Brooklyn Park: ☐ Mayor ☐ Council District _____

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Minneapolis: ☐ Mayor ☒ Council Ward No. 3 ☐ Library Board ☐ Park Board District No. _____
(2013) 5

☐ 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: DAVID TINJUM 316 E. Hennepin Ave, STE 300 Minneapolis, MN 55414 612-321-8020

Treasurer: ADAM NETLAND 409 2nd Ave SE Minneapolis, MN 55414 612-615-3944

E-mail address anetland@gmail.com

Deputy Treasurer (if any): -

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: -

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

Address: 425 East Hennepin Ave Minneapolis, MN 55414

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) ADAM NETLAND, 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.

Adam Netland
(Signature of Treasurer)

10/02/2012
(Date)