

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: Neighbors For Janne

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3525 Fremont Ave S, Minneapolis MN 55408

Received by Hennepin County
Taxpayer Services

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

NOV 10 2016

7. TELEPHONE OF COMMITTEE OR FUND: (612) 467-9226

8. NAME OF CANDIDATE - If Principal Campaign Committee: Janne Flisrand

Log DB
JMM DEL

CANDIDATE'S ADDRESS: 2112 Dupont Avenue South, Minneapolis, MN 55405

CANDIDATE'S PHONE: 612-816-2115

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 7 ☐ 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
Chair:	<u>Ethan Cherin</u>	<u>908 W.26th St., Minneapolis, MN 55405</u>	<u>612-865-2121</u>
Treasurer:	<u>Alexander Cecchini</u>	<u>3525 Fremont Ave S, Minneapolis MN 55408</u>	<u>952-261-3714</u>
E-mail address <u>cecc0011@gmail.com</u>			

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 2100 Blaisdell Ave, Minneapolis, MN 55404

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) Alexander Cecchini, 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.

Alexander Cecchini
(Signature of Treasurer)

11/10/2016
(Date)