

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☒ 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: Cobia for City Council

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
701 Main St. SE #509, Minneapolis, MN, 55414

6. E-MAIL ADDRESS: jeffrey.cobia@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: (612) 868-3886

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jeffrey Cobia

CANDIDATE'S ADDRESS: 701 Main St SE #509 Minneapolis, MN 55414

CANDIDATE'S PHONE: (612) 868-3886

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 3

☐ Minneapolis Special School District No. 1

☐ Library Board ☐ Park Board District No. DB

☐ Board of Estimate Taxation DEL 84909

Hennepin County: ☐ Attorney ☐ Sheriff

☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____

☐ Soil and Water Conservation District No. _____

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

Chair: Emily Aninlan 701 Main St. SE #509, Mpls, MN 55414 (847) 877-7806

Treasurer: John Hoedeman 400 N. 1st St. #504, Mpls, MN 55401 (213) 595-4009

E-mail address jhoedeman@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): U.S. Bank

Address: 800 Nicollet Mall, Mpls, MN 55402

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) John Hoedeman, 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.

[Signature]
(Signature of Treasurer)

8/19/09
(Date)