REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

			□ New Registra	tion		•	
 Principal Campaign Committee (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13. Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13. Political Fund (See registration form instructions.) Complete items 4-7, 10-13. 							
4.	NAME OF COMMITTEE OR FUND: DIANE HOTSTEDE FOR City Council						
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):						
	162	1 Adam	o Street 1	U.E.		The Market A	
6.	E-MAIL ADDRESS: dehlerma AOL, com						
7.	TELEPHONE OF COMMITTEE OR FUND: 6/2-8/6-1275						
8.	NAME OF CANDIDATE - If Principal Campaign Committee: DIANE Hofstede for City Council						
	CANDIDATE'S A	IAME OF CANDIDATE - If Principal Campaign Committee: DIANE Hofstede for City Council CANDIDATE'S ADDRESS: 610 RAMSey St. N.E. Mp15 MN 55413					
	CANDIDATE'S PHONE:						
9.	OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No						
	Minneapolis:	☐ Mayor	Council Ward No	. <u>3</u> , 🗆	Library Board	Park Board District No.	
		Minneapoli	s School District #1 D	istrict No.(1-6 OR	at Large)	☐ Board of Estimate/Taxation	
	Hennepin County:	☐ Attorney	☐ Sheriff	☐ Com	missioner District No		
		☐ Three Rive	rs Park District No		nepin Conservation Dist	rict No	
10.	COMMITTEE OF	FICERS:	Name	Mailing Adi	DRESS FOR COMMITTEE BU	SINESS PHONE	
	Chair:						
	Treasurer:	RAY D	ochler*	7 -		******	
		J		E-mail add	ress dehlerr	M@ AOL.COM	
	Deputy Treasurer (if any):						
11.	Associations Supporting a Political Fund:						
12.	DEPOSITORY/BANK (Location of Committee Funds): Northeast Bank						
	Address: 77 Broadway St. N.E Mp/5, MN 554/3						
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) Koy Dehler, 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.						
/ SUMMY 2-15-2012						2012	
		(Signafure	of Treasurer)		(Date	اد	