

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: TROY PARKER FOR 4TH WARD City Council

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

4933 PENN Ave N.; Mpls, MN 55430

6. E-MAIL ADDRESS: _____

7. TELEPHONE OF COMMITTEE OR FUND: (612) 242-0892

8. NAME OF CANDIDATE - If Principal Campaign Committee: TROY PARKER

CANDIDATE'S ADDRESS: 4933 PENN Ave. N. Mpls, MN 55430

CANDIDATE'S PHONE: (612) 529-8110

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

FEB 18 2009

Bloomington: ☐ Mayor ☐ Council District No. _____

Log _____ DB _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 4

☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis Special School District No. 1

☐ 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: ARLYNN PARKER 4933 PENN AVE. N. Mpls, MN 55430 (612) 529-8110

Treasurer: ARDIS GARDNER 4933 PENN Ave. N. Mpls, MN 55430 (612) 522-9448

E-mail address _____

Deputy Treasurer (if any): N/A

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: N/A

12. DEPOSITORY/BANK (Location of Committee Funds): SPIRE FED. CREDIT UNION

Address: 3117 UNIVERSITY Ave S.E. Mpls, 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) ARDIS GARDNER, 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.

Ardis M. Gardner
(Signature of Treasurer)

2/18/09
(Date)