REGISTRATION AND STATEMENT OF ORGANIZATION

			New Registration					
2.	 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. 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: Jeremy for Minneapolis							
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 5732 14 th Ave S Minneapolis, MN 55417							
6.	E-Mail Address: jeremy@jeremyschroeder.org							
7.	FELEPHONE OF COMMITTEE OR FUND: 952-923-6691							
8.	NAME OF CANDIDATE - If Principal Campaign Committee: <u>Jeremy Schroeder</u>							
	CANDIDATE'S ADDRESS: 5732 14 th Ave S Minneapolis, MN 55417							
	CANDIDATE'S PHONE: <u>952-923-6691</u>							
9.	OFFICE SOUGHT Bloomington:	OR HELD BY CA	NDIDATE: Council District No					
	Brooklyn Park:	☐ Mayor	Council District No.					
	Minneapolis:	☐ Mayor	Council Ward No. 11	_ 🗆	Library Board	☐ Park Boa	rd District No.	
		Minneapo	lis School District #1 Distric	t No.(1-6 OR a	at Large)	Board of	Estimate/Taxation	
	Hennepin County:	Attorney	☐ Sheriff	☐ Comn	nissioner District No.			
		Three Rive	ers Park District No.					
	COMMITTEE OFFICERS: NAME		Mailing Address for Committee Business Phone					
	Chair: Jeremy Schroeder		5732 14 th Av	ve S Minneapolis MN 554	17	952-923-6691		
	Treasurer: Katie Schroeder		5732 14 th Av	ve S Minneapoois MN 554	117	612-382-6893		
				E-mail addre	ess			
	Deputy Treasurer (if any):							
11.	Associations Supporting a Political Fund:							
12.	DEPOSITORY/BANK (Location of Committee Funds): Bremer Bank							
	Address: Alrea	Idress: Already Submitted						
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) Katie Schroeder, 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. 127/2017							
	- Port	(Signature	of Treasurer)		(Date)	 		