

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ 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: Dan Cohen for Mayor

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
PO Box 3922, Minneapolis, MN 55403

6. E-MAIL ADDRESS: randym@cpas-md.com

7. TELEPHONE OF COMMITTEE OR FUND: RANDY MILBRETT, TREASURER: 507-625-2526; DAN COHEN, CAMPAIGN CHAIR: 612-374-1530

8. NAME OF CANDIDATE - If Principal Campaign Committee: Daniel W. Cohen

CANDIDATE'S ADDRESS: 1215 Edlin Place, Minneapolis, MN 55416

CANDIDATE'S PHONE: 612-374-1530

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☒ Mayor ☐ Council Ward No. _____ ☐ 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. _____ ☐ Hennepin Conservation District No. _____

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

Chair: Daniel W. Cohen 1215 Edlin Place, Minneapolis, MN 55416 612-374-1530

Treasurer: Randy E. Milbrett PO Box 87, Mankato, MN 56002 507-625-2526

E-mail address randym@cps-md.com

Deputy Treasurer (if any): None

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: NONE

12. DEPOSITORY/BANK (Location of Committee Funds): Union Bank & Trust Company

Address: 312 Central Ave SE, Minneapolis, 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) Randy E. Milbrett, 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.

Randy E. Milbrett
(Signature of Treasurer)

June 03, 2013
(Date)