

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ New Registration

☐ Amendment

1. ☒ **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.
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: Tom Hoch For Minneapolis

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
PO Box 80847, Minneapolis, MN, 55403

6. E-MAIL ADDRESS: info@TomForMinneapolis.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-567-1621

8. NAME OF CANDIDATE - If Principal Campaign Committee: Tom Hoch

CANDIDATE'S ADDRESS: 2100 James Avenue S, Minneapolis, MN 55405

CANDIDATE'S PHONE: 612-377 2842

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

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. _____

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

Chair: _____

Treasurer: Mary Dobbins / PO Box 80847, Minneapolis, MN 55403 952-893-2925

E-mail address m.dobbins@landrumdobbins.com Received by Hennepin County Taxpayer Services

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____ FEB 09 2017

12. DEPOSITORY/BANK (Location of Committee Funds): US Bank Log DB
Address: 800 Nicollet Mall, Minneapolis, MN 55402 PM DEL

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) Mary Dobbins, 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.

Mary Dobbins
(Signature of Treasurer)

2/5/2017
(Date)