

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: Neighbors for John Quincy

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

5157 Oakland Avenue, Minneapolis, MN 55417

6. E-MAIL ADDRESS: John@JohnMQuincy.org

7. TELEPHONE OF COMMITTEE OR FUND: 612-209-2058

8. NAME OF CANDIDATE - If Principal Campaign Committee: John M. Quincy

CANDIDATE'S ADDRESS: 5157 Oakland Avenue

CANDIDATE'S PHONE: 612-822-5744

Received by Hennepin County
Taxpayer Services

DEC 31 2008

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Log DB
PM DEL 12/31/08

Minneapolis: ☐ Mayor ☒ Council Ward No. 11

☐ 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. _____

☐ Soil and Water Conservation District No. _____

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

Chair: Ona Keller 3332 Bryant Ave S., Minneapolis, MN 55408 612-210-1056

Treasurer: Daniel Jacobson 5100 14th Ave S., Minneapolis, MN 55417 612-825-1938

E-mail address dan@jacobsontax.com

Deputy Treasurer (if any): _____

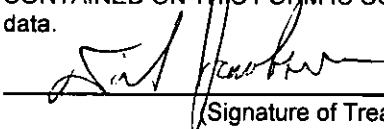
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo

Address: 5116 VERNON AVE S, EDINA, MN 55436 Tel: 612-316-1951

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) Daniel Jacobson, 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.


(Signature of Treasurer)

12/31/08
(Date)