

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.

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4. NAME OF COMMITTEE OR FUND: Neighbors for Hodges

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

JAN 31 2007

414 Banfil St., St. Paul, MN 55102

Log

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DEL 1-31-07

6. E-MAIL ADDRESS: bahecker@yahoo.com ✓

7. TELEPHONE OF COMMITTEE OR FUND: 651-222-3525

8. NAME OF CANDIDATE - If Principal Campaign Committee: Betsy Hodges

CANDIDATE'S ADDRESS: 4312 Linden Hills Blvd., #203, Mpls., MN 55410

CANDIDATE'S PHONE: 612-229-5999

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 13 ☐ 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: Michelle Martin and Frank Hornstein 414 Banfil St., St. Paul, MN 55102 651-222-3525

Treasurer: Ben Hecker ✓ 414 Banfil St., St. Paul, MN 55102 ✓ 651-222-3525 ✓

E-mail address _____

Deputy Treasurer (if any): _____

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11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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12. DEPOSITORY/BANK (Location of Committee Funds): TCF Bank

Address: 801 Marquette Ave., Mpls, MN 55402

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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) BEN HECKER, 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)

(Date)