

# 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 Perry

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

3109 W. 50<sup>th</sup> Street, #140, Minneapolis, MN 55410

6. E-MAIL ADDRESS: info@votemattperry.org

7. TELEPHONE OF COMMITTEE OR FUND: \_\_\_\_\_

8. NAME OF CANDIDATE - If Principal Campaign Committee: Matt Perry

Received by Hennepin County  
Taxpayer Services

CANDIDATE'S ADDRESS: 4205 Colfax Avenue South, Minneapolis, MN 55409

CANDIDATE'S PHONE: 612-839-3320

DEC 07 2012

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Log DB  
PM DEL

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Minneapolis: ☐ Mayor ☒ Council Ward No. 13 ☐ 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: \_\_\_\_\_

Treasurer: John Finlayson 3109 W. 50th Street, #140, Minneapolis, MN 55410

E-mail address info@votemattperry.org

Deputy Treasurer (if any): \_\_\_\_\_

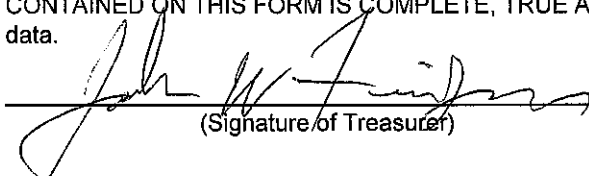
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): North American Banking Company

Address: 4999 France Ave. So., Minneapolis, MN 55410

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) John Finlayson, 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)

12/7/12  
(Date)