

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: Jeremy for Minneapolis

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
5732 14th Ave S Minneapolis, MN 55417

6. E-MAIL ADDRESS: jeremy@jeremyschroeder.org

7. TELEPHONE OF COMMITTEE OR FUND: 952-923-6691

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jeremy Schroeder

CANDIDATE'S ADDRESS: 5732 14th Ave S Minneapolis, MN 55417

CANDIDATE'S PHONE: 952-923-6691

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 11 ☐ 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
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Chair: <u>Jeremy Schroeder</u>	<u>5732 14th Ave S Minneapolis MN 55417</u>	<u>952-923-6691</u>
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Treasurer: <u>Katie Schroeder</u>	<u>5732 14th Ave S Minneapolis MN 55417</u>	<u>612-382-6893</u>
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E-mail address _____

Deputy Treasurer (if any): _____

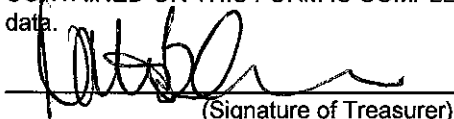
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: Already Submitted

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) Katie Schroeder, 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)

1/27/2017
(Date)