

# 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@jeremyschroeden.org

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

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

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

CANDIDATE'S PHONE: 952-923-6691

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

OCT 05 2016

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. \_\_\_\_\_

Log DB  
PM DEL

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

Chair: Katie Schroeden 5732 14th Ave S, Minneapolis, MN 55417 612-382-6893

Treasurer: Jeremy Schroeden " " 952-923-6691

E-mail address jeremy@jeremyschroeden.org

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

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

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

Address: 427 Snelling Ave N, St. Paul, MN 55104

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) Jeremy Schroeden, 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]  
(Signature of Treasurer)

10-5-16  
(Date)