

# 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 Doron Clark

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

1914 Ulysses St. NE; Minneapolis, MN 55418

6. E-MAIL ADDRESS: doron@doronclark.com

7. TELEPHONE OF COMMITTEE OR FUND: (612) 789-7629 9596

8. NAME OF CANDIDATE - If Principal Campaign Committee: Doron Clark

CANDIDATE'S ADDRESS: 1914 Ulysses St. NE; Minneapolis, MN 55418

CANDIDATE'S PHONE: 612-987-8142

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Minneapolis: ☐ Mayor ☒ Council Ward No. 1

☐ Minneapolis Special School District No. 1

☐ Library Board ☐ Park Board District No. \_\_\_\_\_

☐ 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: Nolan Pitlick N/A (612) 723-8146

Treasurer: Dean DeGroot 3232 Buchanan St NE; Mpls, MN 55418 (612) 789-9596

E-mail address deand@visi.com

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

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

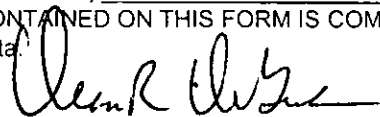
12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo

Address: 90 S 7TH ST; Minneapolis, MN 55402

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) Dean DeGroot

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)

11/17/08

(Date)

Received by Hennepin County  
Taxpayer Services

NOV 18 2008

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