

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

New Registration

Amendment

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: Charles Carlson for City Council

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):
PO Box 141091
Minneapolis, MN - 55414

Received by Hennepin County
Taxpayer Services

DEC 18 2008

6. E-Mail Address: info@charlescarlson.us

Log DB
PM DEL 12-18

7. Telephone of Committee or Fund: 646.691.2918

8. Name of Candidate - If Principal Campaign Committee: Charles E. Carlson

Candidate's Address: 1912 Franklin Ave SE, Minneapolis - MN 55414

Candidate's Phone: 646.691.2918

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No.

Minneapolis: Mayor Council Ward No. 2 - 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: Charles Carlson PO Box 141091, mpls, 55414 646-691-2918
Treasurer: Adam Robbins 1821 Fulton St. SE #2 612-379-1998
mpls, 55414
E-mail address @charlescarlson.us adam.robbins@charlescarlson.us
Deputy Treasurer (if any):


11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): Wells Fargo Bank

Address: 3357 UNIVERSITY AVE SE, MINNEAPOLIS, MN 55414

3. 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) Adam Robbins, 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)

12.16.2008
(Date)

File with: Taxpayer Services Department, Elections Division A-600 Government Center, Minneapolis, MN 55487-0060 (612)596-7152