

REGISTRATION AND STATEMENT OF ORGANIZATION

☐ 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: PAT FLEETHAM 4 MPLS CITY COUNCIL

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
PO BOX 7592, MPLS, MN 55407-7592

6. E-MAIL ADDRESS: P.FLEETHAM4MPLSCITYCOUNCIL@YAHOO.COM

7. TELEPHONE OF COMMITTEE OR FUND: 612 516 9001

8. NAME OF CANDIDATE - If Principal Campaign Committee: PATRICK M. FLEETHAM

CANDIDATE'S ADDRESS: 2850 CEDAR AVE, MPLS, MN 55407

CANDIDATE'S PHONE: 612 516 9001

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 9 ☐ Library Board

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____ ☐ Hennepin Conservation District No. _____

Received by Hennepin County
Taxpayer Services

APR 16 2013

LOG DB
PM ☐ Park Board District No. _____

☐ Board of Estimate/Taxation

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

Chair: TO FOLLOW PO BOX 7592, MPLS MN 55407 612 516 9001

Treasurer: TIMOTHY J. FLEETHAM " "

E-mail address TJFSTPAUL@HOTMAIL.COM

Deputy Treasurer (if any): N.A.

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: N.A.

12. DEPOSITORY/BANK (Location of Committee Funds): TRUSTONE FINANCIAL

Address: 2817 LYNDALE AVE SO, MPLS 55408

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) TIMOTHY FLEETHAM, 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.

Timothy J. Fleetham
(Signature of Treasurer)

4/12/2013
(Date)