

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: Neighbors for Linea

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
P.O. Box 24050, Minneapolis, MN 55424

6. E-MAIL ADDRESS: neighborsforlinea@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: _____

8. NAME OF CANDIDATE - If Principal Campaign Committee: Linea Palmisano

CANDIDATE'S ADDRESS: 4309 France Avenue South, Minneapolis, MN 55410 Received by Hennepin County
Taxpayer Services

CANDIDATE'S PHONE: (612) 305-8719

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 13 ☐ 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. _____ ☐ Hennepin Conservation District No. _____

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

Chair: Jack Newton 3614 W. 44th Street, Minneapolis, MN 55410 (612) 920-1002

Treasurer: George W. Soule 4241 E. Lake Harriet Pkwy., Minneapolis, MN 55409 (612) 251-5518

E-mail address gsoule@soulestull.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 6868 France Avenue South, Edina, MN 55435

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) George W. Soule, 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.

George W. Soule
(Signature of Treasurer)

2-15-14
(Date)