REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration X 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: Minneapolis Progressive Education Fund

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):
   2800 University Ave SE, Suite 202, Minneapolis, MN 55414

6. E-Mail Address: mr.d.sellers@gmail.com

7. Telephone of Committee or Fund: (612) 280-8310

8. Name of Candidate - If Principal Campaign Committee:
   Candidate's Address:
   Candidate's Phone:

9. Office Sought or Held by Candidate:
   Bloomington: Mayor Council District No.
   ______
   Brooklyn Park: Mayor Council District No.
   Minneapolis: Mayor Council Ward No. ______
   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. ______

10. Committee Officers: Name Mailing Address for Committee Business Phone
   Chair: Daniel Sellers, 2800 University Ave SE, Suite 202, Minneapolis, MN 55414 (612) 280-8310
   Treasurer: Seth Kirk 2800 University Ave SE, Suite 202, Minneapolis, MN 55414 (612) 418-8242

   E-mail address sethkirk@comcast.net

Deputy Treasurer (if any):

11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): Wells Fargo, NA
    Address: 3430 University Ave SE, Minneapolis, MN 55414

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) Seth Kirk ___________ 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) October 18, 2014 (Date)

File with: Taxpayer Services Department, Elections Division PSL 612 Government Center, Minneapolis, MN 55447-0012 (612) 596-7152