

REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

Amendment

- 1. **Principal Campaign Committee** (Cities of Bloomington, Brooklyn Park, & 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: **Dillon for Minneapolis**

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): **P.O. Box 17251, Minneapolis, MN 55417**

6. E-Mail Address: **dillon@dgmpls.com**

7. Telephone of Committee or Fund: **612.760.4358**

8. Name of Candidate - If Principal Campaign Committee: **Dillon Gherna**

Received by Hennepin County  
Elections Division

Candidate's Address: **5701 Nicollet Avenue South, Unit 100, Minneapolis, MN 55417**

Candidate's Phone: **612.800.2422**

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9. Office Sought or Held by Candidate:  
Bloomington: Mayor Council District No.

Brooklyn Park: Mayor Council District No.

Minneapolis: Mayor Council Ward No. 11 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: **Dillon Gherna - P.O. Box 17251, Minneapolis, MN 55417 - 612.800.2422**

Treasurer: **Melissa Otten - P.O. Box 17251, Minneapolis, MN 55417 - 612.703.9372**

E-mail address: **dillon@dgmpls.com**

Deputy Treasurer (if any): **N/A**

11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): **US BANK**

Address: **4930 S 34th Ave, Minneapolis, MN 55417**

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) Melissa Otten, 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.

Melissa Otten  
(Signature of Treasurer)

10-10-0.  
(Date)