

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: Friends of Jeanette

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 2218 Sheridan Ave South, Minneapolis, MN 55405

6. E-MAIL ADDRESS: jmcolby@earthlink.net

7. TELEPHONE OF COMMITTEE OR FUND: 612-339-8418

Received by Hennepin County Taxpayer Services

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jeanette Colby

JAN 24 2019

CANDIDATE'S ADDRESS: 2218 Sheridan Ave South, Minneapolis, MN 55405

CANDIDATE'S PHONE: 612-339-8418

Log DB PM DEL

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. 4

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: Jeanette Colby 2218 Sheridan Ave S. Minneapolis MN 55405 612-339-8418

Treasurer: Katherine Low 134 Groveland Terrace Minneapolis MN 55403 612-377-6677

E-mail address kat75730@gmail.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): U.S. Bank

Address: 2420 Hennepin Aveune, Minneapolis, MN 55405

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) Katherine Low, 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.

Katherine Low (Signature of Treasurer)

1/21/19 (Date)