

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: Hayden for Ward One

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3400 Fillmore St NE Minneapolis, MN 55418

6. E-MAIL ADDRESS: contact@myneighborjohn.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-460-8509

Received by Hennepin County
Taxpayer Services

8. NAME OF CANDIDATE - If Principal Campaign Committee: John Hayden

CANDIDATE'S ADDRESS: 3400 Fillmore St NE Minneapolis, MN 55418

AUG 01 2017

CANDIDATE'S PHONE: 612-460-8509

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. 1 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: Paul Ostrom ~~2239 Arthur St NE Minneapolis, MN 55418~~ 2239 Arthur St NE Minneapolis, MN 55418 612-239-8612

Treasurer: John Hayden 3400 Fillmore St NE Minneapolis MN 55418 612-460-8509

E-mail address contact@myneighborjohn.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 77 Broadway St NE, Minneapolis, MN 55413

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) John Hayden, 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]
(Signature of Treasurer)

8/1/17
(Date)