

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: Tim for Ward 3

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 730 N 4th Street, Unit 702, Minneapolis MN 55401

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

7. TELEPHONE OF COMMITTEE OR FUND: 612-801-3599

8. NAME OF CANDIDATE - If Principal Campaign Committee: Tim Bildsoe

CANDIDATE'S ADDRESS: 730 N 4th Street, Unit 702, Minneapolis MN 55401

CANDIDATE'S PHONE: 612-801-3599

Received by Hennepin County Taxpayer Services

MAR 05 2019

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Log DB
PM DEL

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 3 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: _____

Treasurer: Tim Bildsoe 730 N 4th Street, Unit 702, Minneapolis MN 55401 612-801-3599

E-mail address tbildsoe@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Sunrise Banks

Address: 525 Washington Ave, Minneapolis MN 55401

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) Tim Bildsoe, 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.

[Handwritten Signature]

(Signature of Treasurer)

1-31-2019

(Date)