

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: **Jacob Frey for Our City**

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): **PO Box 583422, Minneapolis, MN, 55458**

6. E-Mail Address: **jacob@jacobfrey.org**

7. Telephone of Committee or Fund: **(218) 851-1713**

8. Name of Candidate - If Principal Campaign Committee: **Jacob Frey**

Candidate's Address:

Candidate's Phone: **(612) 968-4443**

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No.

FEB 01 2021

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: **Dave Tinjum** PO Box 583422, Minneapolis, MN, 55458 (612) 321-8020

Treasurer: **Joe Radinovich** PO Box 583422, Minneapolis, MN, 55458 (218) 851-1713

E-mail address **jr@jacobfrey.org**

Deputy Treasurer (if any):

11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): **Wells Fargo Bank**

Address: **425 East Hennepin Ave, 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) **Joe Radinovich**, 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.

J. Radinovich
(Signature of Treasurer)

2-1-21

(Date)