

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: Neighbors for Jeremiah

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 304 Gramercy Ave, Minneapolis, MN 55405

6. E-MAIL ADDRESS: agentbey.ellison@gmail.com

Received by Hennepin County Taxpayer Services

7. TELEPHONE OF COMMITTEE OR FUND: 612-396-1998

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jeremiah Ellison

FEB 01 2019

CANDIDATE'S ADDRESS: 304 Gramercy Ave, Minneapolis, MN 55405

Log DB
PM DEL

CANDIDATE'S PHONE: 612-396-1998

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 5 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: Jeremiah Ellison 304 Gramercy Ave, Minneapolis MN 55405 612-396-1998

Treasurer: Danielle Hans 3208 Bryant Ave S, Apt 1, Minneapolis MN 55408 952-288-3827

E-mail address agentbey.ellison@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 525 Washington Avenue North, 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) Danielle Hans, 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.

Danielle Hans (Signature of Treasurer)

1/31/19 (Date)