



Suite 190, Centennial Building, 658 Cedar Street, St. Paul, MN 55155-1603 [www.cfboard.state.mn.us](http://www.cfboard.state.mn.us) Email: [cf.board@state.mn.us](mailto:cf.board@state.mn.us)

## Statement of Economic Interest

Candidate or Elected Local Official in a Metropolitan Governmental Unit  
under Minn. Stat. § 10A.01, subd. 22; and 10A.09, subd. 6a

Individual Information	Employment Information
Name <u>TIMOTHY M. BERGSTEDT</u>	Occupation <u>DENTIST</u>
Address at which you wish to receive mail from the metropolitan governmental unit (You may use either a home or business address.) <u>5008 WOODHURST LN</u>	Name of employer -indicate if self-employed or not employed (include employer as a source of compensation on page 3 <u>TONKA SMILES PA</u>
City, state, zip <u>MINNETONKA MN 55345</u>	Business address <u>11601 Minnetonka Mills Rd</u>
Telephone (daytime) <u>612-598-8544</u>	City, state, zip of business <u>MINNETONKA MN 55305</u>
Name of office <u>CITY COUNCIL MINNETONKA</u>	Email Address <u>tbergstedt@comcast.net</u>

### Period Covered (check one and provide dates)

- Original statement 5-20, 2015  
date filed for office
- Annual supplementary statement \_\_\_\_\_ to March 31, \_\_\_\_\_  
date last filed
- Amended statement \_\_\_\_\_ (date of statement being amended)
- Termination statement \_\_\_\_\_ to \_\_\_\_\_  
date last filed last date served in elected office

### Certification

I, Timothy M. Bergstedt, certify that the information contained on this form, including  
(print or type name) information on the schedules on page 3, is complete, true, and correct.

Timothy M. Bergstedt 5-27-15  
Signature of candidate or elected local official Date

**Notice:** Any person who signs and certifies to be true a statement which the person knows contains false information or omits required information is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Attach additional pages if necessary to complete any of these schedules.

### Sources of Compensation

----- Check applicable box -----

Name of source	Director	Officer	Owner	Member	Partner	Employer	Employee	Honorarium / Per Diem
TONKA SMILES PA					✓			

### Business or Professional Activity Categories

----- Check the applicable box -----

Business or professional activity category	Employee - \$50 in income in a month and owns 25% or more of business	Independent contractor - more than \$2,500 in compensation
HEALTHCARE - AMBULATORY		

### Securities

Name of business in which security is held or name of mutual fund	Name of business in which security is held or name of mutual fund

### Real Property

----- Check one -----

County	Street address and city, OR section, township, and range	Own	Mortgage (held as seller)	Contract for deed (as buyer or seller)	Option to buy - option value greater than \$2,500	Option to buy - property value greater than \$50,000	Acreage if applicable
	(HOMESTEAD)						
HENN	5008 WOODHURST LN MTKA, MN 55345	✓					

### Pari-Mutuel Horse Racing

----- Check one -----

	Partial interest	Full interest	Description of interest (horse, stable, etc.)
Official direct interest			
Official indirect interest			
Family interest			