REGISTRATION AND STATEMENT OF ORGANIZATION

			New Registration		⊠ Amendmer	nt			
	elective office Political Co	es) (See regis mmittee (See	mittee (Cities of Bloomings tration form instructions.) O registration form instruction ration form instructions.)	Complete Items	4-10 and 12-13. items 4-7, 10, 12-		unty Government		
4.	NAME OF COMM	ITTEE OR FUND:	Reich for Ward 1						
5.	Mailing Address 3669 Lincoln S	ss of Committe It NE, Minnear	EE OR FUND (Include City, Stoolis, MN 55418	tate, Zip Code):	· (Received by F Taxpaye	by Hennepin County Bayer Services		
6.	E-MAIL ADDRES	:8: <u>mcb612@g</u>	mail.com			AUG 0 1 2017			
7.	TELEPHONE OF	COMMITTEE OR F	Fund: <u>612-760-1241</u>	·			DB		
8.	NAME OF CANDI	DATE - If Princi	pal Campaign Committee: J	Kevin Reich	·	Log	DEL		
	CANDIDATE'S AD	CANDIDATE'S ADDRESS: 1018 22 nd Ave NE, Minneapolis, MN 55418							
	CANDIDATE'S PH	ONE: <u>612-236-</u>	3421		<u></u>	*******			
9.	OFFICE SOUGHT	OR HELD BY CA	ANDIDATE:						
	Bloomington:	☐ Mayor	Council District No	· · · · · · · · · · · · · · · · · · ·					
	Brooklyn Park:	☐ Mayor	Council District No.						
-	Minneapolis:	☐ Mayor	☑ Council Ward No. 1	Li	brary Board	☐ Park Bo	pard District No.		
	☐ Minneapotis School District #1 District No.(1-6 OR at Large) ☐ Board of Estimate/Taxat								
	Hennepin County:	Attorney	☐ Sheriff	☐ Comm	nissioner District N	0			
		☐ Three Rive	ers Park District No	· ·		,			
10.	COMMITTEE OFF	ICERS:	Name	Mailing Adds	RESS FOR COMMITTE	E BUSINESS	PHONE		
	Chair: <u>John Va</u>	ndermyde Sr.	-	1018 22 nd Ave NE, Minneapolis, MN 55418			612-236-3421		
	Treasurer: Matt	Brown		3669 Lincoln St NE, Minneapolis, MN 55418			612-760-1241		
				E-mail addre	ss <u>mcb612@gmai</u>	l.com			
	Deputy Treasur	rer (if any): <u>NA</u>		1990	<u></u>	····			
11.	Associations S	UPPORTING A P	OLITICAL FUND: <u>NA</u>		· ·=				
12.	DEPOSITORY/BANK (Location of Committee Funds): Wings Financial Credit Union								
	Address: <u>3651</u>	Central Avè N	E, Minneapolis, MN 55418	<u></u>					
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) M ON THIS FORM	att Brown	TE, TRUE AND CORRECT	, The Tre . Once submitt	easurer CERTIFY ted, all information	THAT THE INFOR	RMATION CONTAINED public data.		
	- W	(Signature	of Treasurer)		1/21/	(Date)			

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