## REGISTRATION AND STATEMENT OF ORGANIZATION

			☐ New Registration	on	Amendment			
<ol> <li>Principal Campaign Committee (Cities of Bloomington, Brooklyn Park, &amp; Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.</li> <li>Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13.</li> <li>Political Fund (See registration form instructions.) Complete items 4-7, 10-13.</li> </ol>								
4.	NAME OF COMMITTEE OR FUND: NEIGN BOYS FOR Fletcher							
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  156 14th Avenue NE, Minneapoll 5, MN 55413							
6.	E-MAIL ADDRESS: Tetch @ Stevefletcher. Org							
7.	TELEPHONE OF COMMITTEE OR FUND: 612-747-2324							
8.	NAME OF CANDID	ATE - If Princip	al Campaign Committe	e: <u>Stev</u>	en Fletch	oen		
	CANDIDATE'S AD	CANDIDATE'S ADDRESS: 1025 Washington Ave. S., Minneapolis, MN 55415						
	CANDIDATE'S PHONE: <u>6/2-293-8683</u>							
9.	Office Sought or Held by Candidate:							
	Bloomington:	☐ Mayor	Council District No	D				
	Brooklyn Park:	☐ Mayor	Council District No	·				
	Minneapolis:	☐ Mayor	Council Ward No.	3	Library Board	Park Bo	ard District No.	
	☐ Minneapolis School District #1 District No.(1-6 OR at Large) ☐ Board of Estimate/							
	Hennepin County:		☐ Sheriff	Co	mmissioner District No.			
		☐ Three Rive	ers Park District No	<u>·</u>				
10.	COMMITTEE OFF	ICERS:	NAME	MAILING A	ADDRESS FOR COMMITTEE	Business	PHONE	
	Chair:							
	Treasurer: L-lina K. Gardner 190 14th Avenue NE, Minneapolis, MN 55413 7334 E-mail address / lnakatherine agmail. Com							
				E-mail ad	idress <i>[[NAKA]</i>	therne a	gnail com	
	Deputy Treasu			· · · · · · · · · · · · · · · · · · ·				
11.	Associations Supporting a Political Fund:							
12.	DEPOSITORY/BANK (Location of Committee Funds): Bremer Bonk							
	Address: IDS Center 80 S. 8th Street #240, Mpls, MN 55402							
13.	13. CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains fall or who knowingly omits required information is guilty of a gross misdemeanor.							
	I, (Print Name)							
	SMA	(Signature	of Treasurer)	·	1/10	Date)	_	