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: _Northside Neighbors for Cunningham_

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): _PO Box 11191_

6. E-MAIL ADDRESS: _phillipe@cunninghammpls.org_

7. TELEPHONE OF COMMITTEE OR FUND: _612 430-5157_

8. NAME OF CANDIDATE - If Principal Campaign Committee: _Phillipe Cunningham_

   CANDIDATE'S ADDRESS: _PO Box 11191_

   CANDIDATE'S PHONE: _612-430-5157_

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

   Bloomington: ☐ Mayor   ☐ Council District No. _____

   Brooklyn Park: ☐ Mayor   ☐ Council District No. _____

   Minneapolis: ☐ Mayor   ☑ Council Ward No. _4_   ☐ 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:	Phillipe Cunningham	PO Box 11191	612-430-5157
Treasurer:	Phillipe Cunningham	PO Box 11191	612-430-5157

   E-mail address _phillipe@cunninghammpls.org_

   Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: ~~_____~~

12. DEPOSITORY/BANK (Location of Committee Funds): _Wings Financial_

    Address: _3651 Central Ave NE, Mpls, MN 55418_

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) _Phillipe Cunningham_____, 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.

    _____Phillipe M. Cunningham_____   _11/30/2016_
    (Signature of Treasurer)   (Date)