REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

1.

Amendment

1. 2. 3.	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. Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13. Political Fund (See registration form instructions.) Complete items 4-7, 10-13.
4.	Name of Committee or Fund: Neighbors for Fletcher
5.	Mailing Address of Committee or Fund (Include City, State, Zip Code): 1025 Wash Octon Que. South, minneapolis, MN 55415
6.	E-Mail Address:
7.	E-Mail Address: Fletchesteve-fletcher org
	Telephone of Committee or Fund: (12-243-8683)
8.	Name of Candidate - If Principal Campaign Committee: Steven Fletcher
	Name of Candidate - If Principal Campaign Committee: Steven Fletcher Candidate's Address: 1095 Washington Auenue South, Municapolis, MN Candidate's Phone: 4 55415
	Candidate's Phone: 612-393-8683
9.	Office Sought or Held by Candidate:
	Bloomington: Mayor Council District No.
·	Brooklyn Park: Mayor Council District No.
	· · · · ·
	Minneapolis: Mayor Council Ward No. 🗡 Library Board Park Board District No.
	Minneapolis School District #1 District No.(1-6 OR at Large) Board of Estimate/Taxation
	Hennepin Attorney Sheriff Commissioner District No
	County: Three Rivers Park District No
10.	Committee Officers: Name Mailing Address for Committee Business Phone
	Chair:
	Treasurer: Lena K. Gardner
	E-mail address Cna Katherine agmail. Com Received by Hennepin Count
	Deputy Treasurer (if any): Taxpayer Services
11	Associations Supporting a Political Fund:
	Depository/Bank (Location of Committee Funds):
12.	ion DB
	PM DEL
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) Leve K. Governor, 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.
	Shad Kistalu 119hoit
	(Signature of Treasurer)
	File with: (Taylogue Services Department Elections Division PSI 012 Government Conter Michagolic MN 55497 0012 (612)506 7452