

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: Minneapolis For Nekima

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
P.O. Box 50693 Minneapolis MN 55403

6. E-MAIL ADDRESS: nekima.levypounds@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-210-3734

8. NAME OF CANDIDATE - If Principal Campaign Committee: Nekima Levy Pounds

CANDIDATE'S ADDRESS: 2901 Lyndale Ave N Minneapolis MN 55411

CANDIDATE'S PHONE: 612-210-3734

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

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____

Received by Hennepin County
Taxpayer Services

DEC 22 2016

☐ Log PM ☒ DB
☐ Park Board District No. _____
☐ Board of Estimate/Taxation

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE 763-245-8922

Chair: Alexis Pennie 2430 Logan Ave Minneapolis MN 55411

Treasurer: Teto Wilson 2124 1/2 West Broadway Minneapolis MN 55411

* E-mail address wilsonsimage@gmail.com

Deputy Treasurer (if any): Alexis Lohse 1054 27th Ave SE Minneapolis 55414

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo Bank

Address: 615 N. 7th St Minneapolis MN 55411

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) Teto Wilson, 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.

Teto Wilson
(Signature of Treasurer)

12-22-16
(Date)