

# REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☐ New Registration

☒ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & 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: Colvin Roy for Council (Ward 12)

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
4116 32<sup>nd</sup> Ave. So. Minneapolis, MN 55406

6. E-MAIL ADDRESS: \_\_\_\_\_

7. TELEPHONE OF COMMITTEE OR FUND: 612-724-6284

8. NAME OF CANDIDATE - If Principal Campaign Committee: Sandy Colvin Roy

CANDIDATE'S ADDRESS: 4821 30<sup>th</sup> Avenue So, Minneapolis, MN 55417

CANDIDATE'S PHONE: 612-722-2274

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Minneapolis: ☐ Mayor ☒ Council Ward No. 12 ☐ Library Board ☐ Park Board District No. \_\_\_\_\_

☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Commissioner District No. \_\_\_\_\_ ☐ Sheriff ☐ Regional Park Board District No. \_\_\_\_\_

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: \_\_\_\_\_

Treasurer: Sheila Cracraft Fehler 4116 32<sup>nd</sup> Ave So. 612-724-6284  
Mpls, MN 55406  
E-mail address: sheila62sdmn@yahoo.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo, Minneapolis MN

Address: Wells Fargo, 4943 34<sup>th</sup> Ave, So., Mpls, MN 55417

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) Sheila Cracraft Fehler, 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.

S Cracraft Fehler  
(Signature of Treasurer)

1/28/05  
(Date)

Received by Hennepin County  
Taxpayer Services

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

IAN 3.1 2005

Log \_\_\_\_\_ DB \_\_\_\_\_

PM \_\_\_\_\_ DEL \_\_\_\_\_ 1/25/05