REGISTRATION AND STATEMENT OF ORGANIZATION

			☐ New Registration	on	Amendmer	nt		
 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.	1. 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 5543							
6.	E-MAIL ADDRESS: Fletch @ Stevefletcher. org							
7.	TELEPHONE OF C	ELEPHONE OF COMMITTEE OR FUND: 610 - 747 - 2324						
8.	NAME OF CANDIDATE - If Principal Campaign Committee: Steven Fletcher							
	CANDIDATE'S ADDRESS: 1025 Washington Ave. S. Minneapolis, MN 55415							
	CANDIDATE'S PH	IONE: <u>6/2</u>	-293-868	33	<i>'</i>		<u> </u>	
9.	OFFICE SOUGHT OR HELD BY CANDIDATE:							
	Bloomington:	☐ Mayor	Council District N	D				
	Brooklyn Park:	☐ Mayor	Council District No)				
	Minneapolis:	☐ Mayor	Council Ward No	3	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		mmissioner District 1	No		
		-	ers Park District No	<u>. </u>				
					<u>. </u>			
10.	COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE							
	Chair:							
	Treasurer: L-Ma K. Gardner 190 14th Avenue NE, Minneapolis, MN 55413 7374 E-mail address / Enakatherine agmail. Com							
	E-mail address <u> I W UK UTINE (WGINA) . COM</u>							
	Deputy Treasurer (if any):							
		Associations Supporting a Political Fund:						
12.	12. DEPOSITORY/BANK (Location of Committee Funds): Bremer Bonk							
	Address: IDS Center, 80 S. 8th Street, #240, Mpls, MN 55402							
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), 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.							
	SMA	H	all	<u> </u>	1/10	5//7		
	(Signature of Treasurer) / (Date)							