

# 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: Campaign to Elect Samantha Preston

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

6. E-MAIL ADDRESS: Samformps2018@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612 605 1236

8. NAME OF CANDIDATE - If Principal Campaign Committee: Samantha Preston

CANDIDATE'S ADDRESS: 218 22nd Ave NE Mpls, MN 55418

CANDIDATE'S PHONE: 612 605 1236

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Brooklyn Park: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Minneapolis: ☐ Mayor ☒ Council Ward No. 3 ☐ 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

FEB 23 2017

Log DB

☐ Park Board District No. \_\_\_\_\_

☐ Board of Estimate/Taxation

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

Chair: Burak Tekin 1515 Adams St NE Minneapolis, MN 55418 612 605 1236

Treasurer: Samantha Preston

E-mail address Samformps2018@gmail.com

Deputy Treasurer (if any): Preston Stinson

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

12. DEPOSITORY/BANK (Location of Committee Funds): Fidelity Investments

Address: P.O. Box 770001 Cincinnati, OH 45277-0003

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) Samantha Preston, 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.

Spreston  
(Signature of Treasurer)

01/31/2017  
(Date)