

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: CORDELIA PIERSON FOR CITY COUNCIL

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
512 7th Street SE, MINNEAPOLIS, MN 55414

6. E-MAIL ADDRESS: cordelia.pierson@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 651-815-1268

8. NAME OF CANDIDATE - If Principal Campaign Committee: CORDELIA PIERSON

CANDIDATE'S ADDRESS: 512 7th St SE, MINNEAPOLIS MN 55414

CANDIDATE'S PHONE: 651-815-1268

Received by Hennepin County
Taxpayer Services

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 ☐ Park Board District No. _____

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____ ☐ Board of Estimate/Taxation

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

☐ Three Rivers Park District No. _____

Log _____ DB
PM _____ DEL

JAN 06 2017

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

Chair: CORDELIA PIERSON 512 7th St SE, MINNEAPOLIS, MN 55414 651-815-1268

Treasurer: STEPHEN SMELA 512 7th St SE, MINNEAPOLIS, MN 55414 612-226-4486

E-mail address stev.smela@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 77 BROADWAY St NE, MINNEAPOLIS, MN 55413

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) Stephen J. Smela, 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.

Stephen J. Smela
(Signature of Treasurer)

12/23/16
(Date)