

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: Neighbors for Jeremiah

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
1103 Morgan Avenue North Suite 3 Minneapolis, Minnesota, 55411

6. E-MAIL ADDRESS: info@jeremiahforward5.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-991-6013

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jeremiah Bey Ellison

CANDIDATE'S ADDRESS: 304 Gramercy Avenue Minneapolis, Minnesota 55405

CANDIDATE'S PHONE: 612-396-1998

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

DEC 02 2016

Bloomington: ☐ Mayor ☐ Council District No. _____

Log _____ DB
PM _____ DEL

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 5 ☐ 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. _____

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

Chair: Arianna Genis 304 Gramercy Avenue Minneapolis, MN 55405 763-957-0131

Treasurer: Angelina Momanyi 526 Sheridan Ave N Mpls MN 55405 612-991-6013

E-mail address angelina.momanyi@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Affinity Credit Union

Address: 2520 University Avenue SE Minneapolis, MN 55414

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) Angelina Momanyi, 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.

Angelina Momanyi
(Signature of Treasurer)

12/2/2016

(Date)