

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: Raeisha Williams for City Council - Minneapolis Ward 5

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
P.O. Box 3612 Minneapolis MN 55403

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

7. TELEPHONE OF COMMITTEE OR FUND: 404 493 2577

8. NAME OF CANDIDATE - If Principal Campaign Committee: Raeisha Williams

CANDIDATE'S ADDRESS: 701 Elwood Ave N. Mpls MN 55411 Apt. B

CANDIDATE'S PHONE: 404 493 2577

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 5 ☐ 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

SEP 07 2016

LOG PM DB
Park Board District No. _____

☐ Board of Estimate/Taxation

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

Chair: Emily Flower 1612 8674352

Treasurer: Raeisha Williams P.O. Box 3612 Mpls, MN 55403

E-mail address raeishaw@gmail.com

Deputy Treasurer (if any): Rosemary Nevils

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 615 N. 7th St. Mpls MN 55411

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) Raeisha Williams, 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.

(Signature of Treasurer)

(Date)