

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & 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: ALICIA K. BENNETT FOR MAYOR (akbformpls)

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
1719 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411-3218

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

7. TELEPHONE OF COMMITTEE OR FUND: 612.817.4287

8. NAME OF CANDIDATE - If Principal Campaign Committee: ALICIA K. BENNETT

CANDIDATE'S ADDRESS: 1719 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411-3218

CANDIDATE'S PHONE: 612.817.4287

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☒ Mayor ☐ Council Ward No. _____ ☐ 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. _____ ☐ Hennepin Conservation District No. _____

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE
Chair: ALICIA K. BENNETT 1719 DUPONT AVENUE NORTH MINNEAPOLIS, MN 55411-3218 612.817.4287

Treasurer: _____

E-mail address akbformpls@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): AFFINITY PLUS FEDERAL CREDIT UNION

Address: 175 WEST LAFAYETTE FRONTAGE ROAD SAINT PAUL, MN 55107

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) ALICIA K. BENNETT, 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.

Alicia K. Bennett
(Signature of Treasurer)

26 Aug 2013
(Date)