

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

Received by Hennepin County
Taxpayer Services

☐ New Registration

☒ Amendment

SEP 14 2009

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.

Log DB
PM 9/11/09 DEL

4. NAME OF COMMITTEE OR FUND: Reich For Ward 1

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3504 Architect Ave NE Mpls MN 55418

6. E-MAIL ADDRESS: _____

7. TELEPHONE OF COMMITTEE OR FUND: 612. 819. 2461

8. NAME OF CANDIDATE - If Principal Campaign Committee: Kevin Reich

CANDIDATE'S ADDRESS: 1018 22nd Ave NE Mpls, MN 55418

CANDIDATE'S PHONE: 612. 236. 3421

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 1 ☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation

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

☐ Three Rivers Park District No. _____ ☐ Soil and Water Conservation District No. _____

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

Chair: John Vandernyle Sr. 1018 22nd Ave NE Mpls MN 55418

Treasurer: Leslie Watson 3504 Architect Ave NE Mpls MN 55418

E-mail address 612. 789. 7877

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 2300 Central Ave NE Mpls MN 55418

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) Leslie A. Watson, 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.

Leslie A. Watson
(Signature of Treasurer)

9-9-09
(Date)