REC.STRATION AND STATEMENT OF ORG. ...IZATION (All data on this form is public information.)

1. IZ Principal Campaign Committee (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions). Complete items 4-70 and 12-13. 2. Political Committee (See registration form instructions). Complete items 4-7, 10-13. 3. Political Fund (See registration form instructions). Complete items 4-7, 10-13. 4. NAME OF COMMITTEE OR FUND: White Working Mans Polyty 5. MALING ADDRESS OF COMMITTEE OR FUND: (Include City, State, Zip Cpde): 1. 32. O. 744. St. Se. Minne applies 6. E-MAIL ADDRESS: 7. TRLEPHONE OF COMMITTEE OR FUND: (Include City, State, Zip Cpde): 1. 32. O. 744. St. Se. Minne applies 7. TRLEPHONE OF COMMITTEE OR FUND: (Include City, State, Zip Cpde): 1. 32. O. 744. St. Se. Minne applies 8. NAME OF CANDIDATE - If Principal Campaign Committee: 1. TRADIDATE'S PHONE: 2. ADDRESS: 2. ADDRESS: 2. ADDRESS: 3. ADDRESS: 4. ADDRESS: 4. ADDRESS: 5. ADDRESS: 6. E-MAIL ADDRESS: 7. TRLEPHONE OF COMMITTEE OR FUND: 9. OFFICE SOUGHT OR HELD BY CANDIDATE: 9. DEPOCE SOUGHT OR HELD BY CANDIDATE: 10. Minneapolis School District Wo. 11. Minneapolis School District Wo. 12. Depocitic Working of Park Board District No. 13. Library Board 14. Park Board District No. 15. Hennepin Conservation District No. 16. E-Mail address Deputy Treasurer (if any): 17. ASSOCIATIONS SUPPORTING A POLITICAL FUND: 18. ASSOCIATIONS SUPPORTING A POLITICAL FUND: 19. CERTIFICATION: Any Individual who signs and certifies to be true a statement which the Individual knows contains false Information or who knowledgy omits required information is guilty of a gross misdemeanor. 19. (Park Name) L. 2 Cry L. C. C. SC. The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS SORM IS COMPLETE. TRUE AND CORRECT. Once submitted, all information within this form is public data. 2. C. 2.			☐ New Registration ☐ Amendme	nt ,		
5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 320 744 54 50		registration 2. Political 3. Political	con form instructions.) Complete Items 4-10 and 12-13. Committee (See registration form instructions.) Complete Items 4-7, 10, 12- Fund (See registration form instructions.) Complete Items 4-7, 10-13.	-13.		
5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 320 744 54 50		4. NAME OF CO	DIMMITTEE OR FUND: White Working Mans Part	7		
6. E-MAIL ADDRESS: 7. TELEPHONE OF COMMITTEE OR FUND; 6/2-378-00 00 8. NAME OF CANDIDATE - If Principal Campaign Committee: Reserved by Honnepin Council District No. CANDIDATE'S ADDRESS: MAR. 0.1.2012 9. OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. Minneapolis 50 Mayor Council Ward No. 3 Library Board PARK Board District No. Minneapolis 50 Mayor Council Ward No. 3 Library Board PARK Board District No. Minneapolis 50 Monor District #1 District No.(1-6 OR at Large) Board of Estimate/Taxation Hennepin Attorney Sheriff County: Hennepin Conservation District No. Three Rivers Park District No. Hennepin Conservation District No. 10. COMMITTEE OFFICERS: NAME Large Let in 1985 Chair: Large Let in 1982 E-mail address Deputy Treasurer: Large Let in 1982 E-mail address Deputy Treasurer (if any): 11. Associations Supporting a Political Fund; 12. Depositions/Bank (Location of Committee Funds): Address: 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. 1, Iphin Name, Large Large Report Name Large CERTIFY THAT THE INFORMATION CONTAINED ON THIS EORM IS COMPLETE, TRUE AND CORRECT. Once submitted all information within this form is public data.		5. MAILING ADD	DRESS OF COMMITTEE OR FUND (Include City, State, Zip Code);			
8. NAME OF CANDIDATE - If Principal Campaign Committee: CANDIDATE'S ADDRESS: CANDIDATE'S PHONE: 9. OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. Log DB PM 21110EL Minneapolis School District #1 District No.(1-6 OR at Large) Minneapolis School District #1 District No.(1-6 OR at Large) Hennepin County: Three Rivers Park District No. Hennepin County: Three Rivers Park District No. Hennepin Conservation District No. 10. COMMITTEE OFFICERS: NAME Large Levin in Mexicus Address: E-mail address Deputy Treasurer: Large Levin in Mexicus Supporting a Political Funds: E-mail address Deputy Treasurer (if any): 11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: 12. DEPOSITORY/BANK (Location of Committee Funds): Address: 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. THIS EORM IS COMPLETE. TRUE AND CORRECT. Ones submitted, all information within this form is public data.				·		
CANDIDATE'S ADDRESS: CANDIDATE'S PHONE: MAR 0 1 2012 9. OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. PM 229120EL Minneapolis School District #1 District No. (1-6 OR at Large) Board of Estimate/Taxation Hennepin Attorney Sheriff Commissioner District No. Three Rivers Park District No. Hennepin Conservation District No. 10. COMMITTEE OFFICERS: NAME Large Letin Settling Address Phone Laz 3776. Chair: Large Letin Settling Address Deputy Treasurer (if any): 11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: 12. DEPOSITORY/BANK (Location of Committee Funds): Address: 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. This Eprim Name Large Letin Address The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS EPRIM IS COMPLETE. TRUE AND CORRECT. Once submitted all information within this form is public data.		7. TELEPHONE	OF COMMITTEE OR FUND: 6/2-378-000			
CANDIDATE'S PHONE: MAR. 0.1.2012 9. OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. PM 229172/DEL	i		· · · · · · · · · · · · · · · · · · ·			
9. OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. PM 2/21/2 DEL Minneapolis Mayor Council Ward No. Library Board Park Board District No.				· · · · · · · · · · · · · · · · · · ·		
Minneapolis School District Ward No. 3 Library Board Park Board District No. Minneapolis School District #1 District No. (1-6 OR at Large) Board of Estimate/Taxation	ę	9. OFFICE SOUG	GHT OR HELD BY CANDIDATE:	Log <u>DB</u>		
Minneapolis School District #1 District No. (1-6 OR at Large) Board of Estimate/Taxation	-	Minneapolic	Mayor Dicouncil Ward No. 3 Library Board	Park Board District No		
County: Three Rivers Park District No. Hennepin Conservation District No.		`		☐ Board of Estimate/Taxation		
Chair: L2rry Leininger Treasurer: L2rry Leininger E-mail address Deputy Treasurer (if any): 11. Associations Supporting a Political Fund: 12. Depository/Bank (Location of Committee Funds): Address: 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. 1. (Print Name) L2rry Leininger 1. The Treasurer Certify That the Information Contained on This Eprim is Complete, True and Correct. Once submitted, all information within this form is public data.	_					
Deputy Treasurer (if any): 11. Associations Supporting a Political Fund: 12. Depository/Bank (Location of Committee Funds): Address: 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. 1. (Print Name) Larry Lein (Suppose And Contained on This Form Is Complete, True and Correct. Once submitted, all information within this form is public data.	1	Chair: <u>L2/</u>	ry Leininger			
Deputy Treasurer (if any): 11. Associations Supporting a Political Fund: 12. Depository/Bank (Location of Committee Funds): Address: 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. 1. (Print Name) Larry Lein (Suppose And Contained on This Form Is Complete, True and Correct. Once submitted, all information within this form is public data.		Treasurer: Larry Leizinger				
 11. Associations Supporting a Political Fund: 12. Depository/Bank (Location of Committee Funds): Address: 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) I, (Pri		E-mail address				
12. DEPOSITORY/BANK (Location of Committee Funds): Address: 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) Larry Leiana (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.		Deputy Treasurer (if any):				
Address: 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. 1. (Print Name) Larry Leiana , 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.	1	1. Associations	. Associations Supporting a Political Fund:			
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) Larry Leia (180), 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.	1:	2. DEPOSITORY/E				
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) Larry Leia (180), 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.		Address:				
THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data. Complete Complete Complete	13	3. CERTIFICATION or who knowl	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.			
Zarry Lewing 3-0/-2017 (Signature of Treasurer) (Date)		I, (Print Name) THIS FORM I	THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.			
		Zary	(Signature of Treasurer)	- 2017(Date)		

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152