REGISTRATION AND STATEMENT OF ORGANIZATION

*** New Registration ***

Amendment

1. 2. 3.	Principal Campaign Committee (Cities of Bloomington, Brooklyn Park, & Minneapolis, or Herelective offices) (See registration form instructions.) Complete Items 4-10 and 12-13. Political Committee (See registration form instructions.) Complete Items 4-7, 10, 12-13. Political Fund (See registration form instructions.) Complete Items 4-7, 10-13.	nepin County Government	
4.	Name of Committee or Fund: Andrea For Ward 8		
5.	Mailing Address of Committee or Fund (Include City, State, Zip Code): PO Box 80791, Minneapolis, MN 55408		
6.	E-Mail Address:andreaforward8@gmail.com		
7.	Telephone of Committee or Fund: 612-203-9689		
8.	Name of Candidate - If Principal Campaign Committee: <u>Andrea Jenkins</u>	Ha Nd	
	Candidate's Address: 3940 Park Avenue, Minneapolis, MN 55407	100 <u>100</u> 607	
	Candidate's Phone: 612-203-9689		
9:	Office Sought or Held by Candidate:	DEC 55 SOJE	
	Bloomington: Mayor Council District No.	Taxpayer Services	
	Brooklyn Park: Mayor Council District No	Received by Hennepin Courses	
Por	Minneapolis: Mayor Council Ward No. <u>8</u> Library Board and District No	Park	
	Minneapolis School District #1 District No.(1-6 OR at Large) _ timate/Taxation	Board of	
	Hennepin Attorney Sheriff Commissioner District County: Three Rivers Park District No	No	
10.	Committee Officers: Name Mailing Address for Committee Busin	ess Phone	
	Chair: Scott Dibble PO Box 80791, Minneapolis MN 5540		
	Treasurer: Nicole Pettit 3 19 Wyoming St. V E-mail addressnpettit@msn.com	Nest 612-237, 3 5 9 54, p.w., MNSS107	
	Deputy Treasurer (if any):		
11.	1. Associations Supporting a Political Fund: 2. Depository/Bank (Location of Committee Funds): ANCHOR BANK		
12.			
		1N 55104	
13.	Certification: Any individual who signs and certifies to be true a statement which the individual who knowingly omits required information is guilty of a gross misdemeanor.	knows contains false information or	
	I, (Print Name) \(\sum \frac{1}{1}COLE \) \(PETTET \), The Treasurer CERTIFY THAT THE THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within the control of the	is form is public data.	
·	(Signature of Treasurer) File with: Taxpayer Services Department, Elections Division PSL 012 Government Center, Minneapolis,	(Date) MN 55487-0012 (612)596-7152	