

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: Chris Parsons For Ward 10

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 3520 Emerson Ave S, Apt 201 Minneapolis MN 55408

6. E-MAIL ADDRESS: ~~Chris.parsons@~~ chrisparsonforward10@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 651-206-8780

8. NAME OF CANDIDATE - If Principal Campaign Committee: Chris Parsons

CANDIDATE'S ADDRESS: 3520 Emerson Ave S Apt 201 Minneapolis, MN

CANDIDATE'S PHONE: 651-206-8780

Received by Hennepin County Elections Division

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 10 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. _____

NOV 30 2020

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

Chair: Chris Parsons 3520 Emerson Ave S Apt 201 Mpls, MN 55408 651-206-8780

Treasurer: Mark Grant 3520 Emerson Ave S, Apt 102 Mpls, MN 55408 651-214-9690

E-mail address chrisparsonforward10@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 2420 Hennepin Ave Minneapolis, MN 55405

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) Mark Grant, 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)

11/30/2020 (Date)