

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: Neighbors for Nick Kor

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): PO BOX 580757, Minneapolis MN, 55458

6. E-MAIL ADDRESS: campaign@nickkor.com

7. TELEPHONE OF COMMITTEE OR FUND: 651-492-8295

8. NAME OF CANDIDATE - If Principal Campaign Committee: Nick Kor

Received by Hennepin County Elections Division

CANDIDATE'S ADDRESS: 433 S 7th ST Apt 1926, Mpls 55415

CANDIDATE'S PHONE: 651-353-8845

NOV 25 2020

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 7 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. _____

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

Chair: Adam Arling 3030 Garfield Street NE, Minneapolis 55418 612-396-6091

Treasurer: Petros Paulos 401 S 1st Street Unit 1621, Minneapolis 55401 651-492-8295

E-mail address campaign@nickkor.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 2100 Blaisdell Ave #2427, Minneapolis, MN 55404

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) Petros Paulos, 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)

11-25-20 (Date)