

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: Emily Koski for Minneapolis

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
PO Box 19035, Minneapolis, MN 55419

6. E-MAIL ADDRESS: emilykoskiformpls@gmail.com Received by Hennepin County
Elections Division

7. TELEPHONE OF COMMITTEE OR FUND: (612) 590-8174

8. NAME OF CANDIDATE - If Principal Campaign Committee: Emily Koski JAN 04 2021

CANDIDATE'S ADDRESS: 5340 Clinton Avenue Minneapolis MN 55419

CANDIDATE'S PHONE: (612) 590-8174

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 11 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: Emily Koski 5340 Clinton Avenue Minneapolis MN 55419 (612) 590-8174

Treasurer: Monica Komomua 5524 14th Ave S Minneapolis MN 55417 (612) 245-4357

E-mail address monica.pearo@gmail.com

Deputy Treasurer (if any): _____

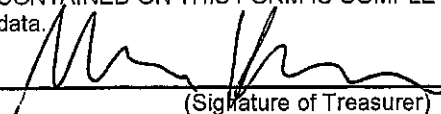
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 1070 Grand Avenue, St. Paul MN 55105

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) Monica Komomua, 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)

1/4/2021
(Date)