

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: Sheila for the People

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): PO Box 7235, 3045 Bloomington Ave. Minneapolis, MN 55407

6. E-MAIL ADDRESS: Sheila.Nezhad@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-444-6793

8. NAME OF CANDIDATE - If Principal Campaign Committee: Sheila Nezhad

CANDIDATE'S ADDRESS: P.O. Box 7235, 3045 Blomington Ave., Minneapolis MN. 55407

CANDIDATE'S PHONE: 612-444-6793

Received by Hennepin County Elections Division DEC 28 2020

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. ____ 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: Sheila Nezhad P.O. Box 7235, 3045 Blomington Ave., Minneapolis MN. 55407 612-444-6793

Treasurer: Tom Vance 3136 16th Ave S., Minneapolis MN 55407 515-657-3045

E-mail address _____

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Trustone Financial Credit Union

Address: 2817 Lyndale Ave. S., Minneapolis MN 55408

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) Thomas P. Vance, 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: Thomas P. Vance

Date: 12/27/2020