

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: Wheeler for Ward 10

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
3625 Bryant Ave South, #4 Minneapolis MN 55409

6. E-MAIL ADDRESS: dwheeler@mac.com

7. TELEPHONE OF COMMITTEE OR FUND: 612.730.6112

8. NAME OF CANDIDATE - If Principal Campaign Committee: David B Wheeler

CANDIDATE'S ADDRESS: 3625 Bryant Ave South, #4 Minneapolis MN 55409

CANDIDATE'S PHONE: 612.730.6112

*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. 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. _____

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

Chair: David Wheeler 3625 Bryant Ave South, #4 Minneapolis MN 55409 612.730.6112

Treasurer: Judith Shields 3216 Holmes Ave, Minneapolis, MN 55408 952.221.1723

E-mail address dwheeler@mac.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 2100 Blaisdell Ave South, 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) Judith Shields, 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.

Authentisign
Judith A Shields

12/17/2020

12/17/2020
(Signature of Treasurer)

(Date)