

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: Northsiders For Kristel

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): 1015 17th Ave N Minneapolis, MN 55411

6. E-Mail Address: northsiders4kristel@gmail.com

7. Telephone of Committee or Fund: 612-367-7983

8. Name of Candidate - If Principal Campaign Committee: Kristel Porter

Candidate's Address: 2520 23rd Ave N. Minneapolis, MN 55411

Candidate's Phone: 763-645-6743

JAN 12 2021

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 5 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. <u>Committee Officers:</u>	<u>Name</u>	<u>Mailing Address for Committee Business</u>	<u>Phone</u>
Chair:	<u>Christopher Webley</u>	<u>2015 Lowry Ave N. Minneapolis, MN 55411</u>	<u>612-548-4110</u>
Treasurer:	<u>Sandy Khalil</u>	<u>1015 17th Ave N. Minneapolis, MN 55411</u>	<u>952-239-0857</u>

E-mail address: skhalil713@gmail.com

Deputy Treasurer (if any): _____

11. Associations Supporting a Political Fund: _____

12. Depository/Bank (Location of Committee Funds): Sunrise Bank
 Address: 525 Washington Avenue North Minneapolis, MN 55401

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, Sandy Khalil, 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]
 (Signature of Treasurer)

1/8/2021
 (Date)