

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: Friends of Angela Conley

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): P.O. Box 7002 Mpls, MN 55407

6. E-MAIL ADDRESS: info@voteconley.com

7. TELEPHONE OF COMMITTEE OR FUND: 612 504 9083

8. NAME OF CANDIDATE - If Principal Campaign Committee: Angela Conley

CANDIDATE'S ADDRESS: 3905 Oakland Ave Mpls, MN 55407

CANDIDATE'S PHONE: 612 504 9083

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. \_\_\_\_\_  Board of Estimate/Taxation  
 Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_

Hennepin County:  Attorney  Sheriff  Commissioner District No. 4  
 Three Rivers Park District No. \_\_\_\_\_

Received by Hennepin County  
Taxpayer Services  
OCT 1 2010

Log \_\_\_\_\_ DB  
PM \_\_\_\_\_ DEL

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

Chair: Katie Dranos P.O. Box 7002 Mpls, MN 55407 425 205 9164

Treasurer: PETE KRAUSERT " " 612 644 8341

E-mail address INFO@VOTECONLEY.COM

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

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

Address: 2100 Basdell Ave S. Mpls, MN 55405

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) PETE KRAUSERT, 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.

Pete Krausert  
(Signature of Treasurer)

10/17/18  
(Date)