

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: Neighbors for Aisha Chughtai

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):
P.O. Box 50633, Minneapolis, MN 55405

6. E-Mail Address:
info@aishaforward10.com

7. Telephone of Committee or Fund:
507-420-7963

8. Name of Candidate - If Principal Campaign Committee: Aisha Chughtai

Candidate's Address: 139 E 27th St, Minneapolis, MN 55408

Candidate's Phone:
507-420-7963

FEB 01 2021

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: <u>Nicde Weiler</u> | <u>P.O. Box 50633, Minneapolis, MN 55405</u> | <u>612-217-1327</u> |
| Treasurer: <u>Aldona Martinka</u> | <u>P.O. Box 50633, Minneapolis, MN 55405</u> E-mail address <u>aldona@aishaforward10.com</u> | <u>224-383-5185</u> |
| Deputy Treasurer (if any): | | |

11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): Sunrise Bank
Address: 2100 Bissell Ave S, 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) Aldona Martinka, 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)

2/1/2021
(Date)