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: Samuels for school board

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
   4344 29th Ave S, Minneapolis, MN

6. E-MAIL ADDRESS: Vmcedeno@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-249-2662

8. NAME OF CANDIDATE - If Principal Campaign Committee: Don Samuels

   CANDIDATE'S ADDRESS: 
   Received by Hennepin County Taxpayer Services
   CANDIDATE'S PHONE:

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) at-large ☐ Board of Estimate/Taxation
   Hennepin County: ☐ Attorney  ☐ Sheriff  ☐ Commissioner District No. ______
   ☐ Three Rivers Park District No. ______

10. COMMITTEE OFFICERS:
    NAME: Chair: Don Samuels  1542 Hillside Ave N, Minneapolis 612-497-1197
        Treasurer: Victor Cedeno  4344 29th Ave S, Minneapolis, MN 55406
        E-mail address: Vmcedeno@gmail.com
        Deputy Treasurer (if any):

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND:

12. DEPOSITORY/BANK (Location of Committee Funds): U.S. Bank
    Address: 1030 Broadway, Minneapolis, MN 55441

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) Victor Cedeno _______ 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.

(Date) 4-7-16

(Signature of Treasurer)