

REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

Amendment X

- 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: Victor Martinez for City Council

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): 1619 Thomas Ave N Minneapolis, MN 55411

6. E-Mail Address: VIC.ARM.MTZ@GMAIL.COM

7. Telephone of Committee or Fund: 612-202-7168

8. Name of Candidate - If Principal Campaign Committee: Victor Martinez

Candidate's Address: 1619 Thomas Ave N Minneapolis MN 55411

Candidate's Phone: 612-202-7168

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. Minneapolis Ward 5

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. Committee Officers: Victor Martinez Email Address: vic.arm.mtz@gmail.com
Mailing Address for Committee Business: 1619 Thomas Ave N Minneapolis, MN 55411 Phone 612-202-7168

Chair: Victor Martinez

Treasurer: Caleb Nightingale Email Address: calebnightingale29@gmail.com
Mailing Address: 10707 32nd Ave N, Plymouth, MN 55441 Phone 763-331-1755

Deputy Treasurer (if any): _____

11. Associations Supporting a Political Fund: _____

12. Depository/Bank (Location of Committee Funds): _____

Address: PNC BANK

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) Caleb Nightingale, 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.

Caleb Nightingale
(Signature of Treasurer)

10/08/20
(Date)

Received by Hennepin County
Elections Division

UCL 09 2020