

REGISTRATION AND STATEMENT OF ORGANIZATION

X New Registration

Amendment

MAR 12 2021

- 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: MERV MOORHEAD FOR WARD 3

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):  
1730 NEW BRIGHTON BLVD STE 104-173 MPLS., MN 55413

6. E-Mail Address: MOORHEADFORWARD3@GMAIL.COM

7. Telephone of Committee or Fund: 612-803-4406

8. Name of Candidate - If Principal Campaign Committee: MERVIN J MOORHEAD

Candidate's Address: 1240 S. 2ND ST. #1002 MPLS., MN 55415

Candidate's Phone: 763-229-2093

9. Office Sought or Held by Candidate:  
Bloomington: Mayor Council District No. \_\_\_\_\_

Brooklyn Park: Mayor Council District No. \_\_\_\_\_

Minneapolis: Mayor Council Ward No. 3 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: ANDREW DONOHUE 1730 NEW BRIGHTON BLVD. STE. 104-73 MPLS, MN 55413 552-540-7292

Treasurer: DEAN RAMOS 700 S. 2ND ST. #41 MPLS., MN 55401 612-803-4406

E-mail address: DR@ARMAKODI.COM  
dearinvest16@gmail.com

Deputy Treasurer (if any): —

11. Associations Supporting a Political Fund: —

12. Depository/Bank (Location of Committee Funds): U.S. BANK

Address: 30 4TH ST. NE, MPLS., MN 55413

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) Dean A. Ramos, 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 of Treasurer) 3/11/21  
(Date)