

REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

Amendment

- 1.  Principal Campaign Committee (Cities of Bloomington & 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: Don Samuels for School Board

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 1542 Hillside Ave N. Minneapolis, MN 55411

6. E-MAIL ADDRESS: donsamuels49@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND:

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

CANDIDATE'S ADDRESS: 1542 Hillside Ave N, Minneapolis, MN 5411

CANDIDATE'S PHONE: 612-419-7179

Received by Hennepin County Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington:  Mayor  Council District No. \_\_\_\_\_

FEB 02 2015

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

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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 MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Don Samuels 1542 Hillside Ave N. Minneapolis 55411 612-419-7179

Treasurer: Victor Cedeno 249 E 43rd St. Minneapolis 55409 515-249-2662

E-mail address vmcedeno@gmail.com

Deputy Treasurer (if any):

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND:

12. DEPOSITORY/BANK (Location of Committee Funds): US Bank

Address: 1030 W Broadway, Minneapolis MN 55411

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.

[Handwritten Signature]

(Signature of Treasurer)

1-29-15

(Date)