

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: 515-249-2662

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

CANDIDATE'S ADDRESS: _____

CANDIDATE'S PHONE: _____

Received by Hennepin County
Taxpayer Services

APR 07 2016

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. _____

Log DB
PM DEL

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Don Samuels 1542 Hillside Ave N. Minneapolis 612-49-7179

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 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.

[Signature]
(Signature of Treasurer)

4-7-16
(Date)