

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: Moore for Ward 9

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 4100-third Ave. So., Minneapolis, MN 55409-1613

Received by Hennepin County Elections Division

6. E-MAIL ADDRESS: mickey@weneedmoore.org

7. TELEPHONE OF COMMITTEE OR FUND: 612-220-0233

AUG 03 2021

8. NAME OF CANDIDATE - If Principal Campaign Committee: Michael Moore

CANDIDATE'S ADDRESS: 3411 16th Ave. So., #9, Minneapolis, MN 55407

CANDIDATE'S PHONE: 612-220-0233

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

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

Minneapolis:  Mayor  Council Ward No. 9  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: Alexander Minn 4600 Chicago Ave. Minneapolis, MN 55407 310-902-1885

Treasurer: Mark Anderson 4004 14th Ave. So., Minneapolis, MN 55407 612-867-5297

E-mail address engage@weneedmoore.org

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo

Address: 4712 Chicago Ave. S, Minneapolis, MN 55407

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) Mark Anderson, 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: [Handwritten Signature]

Date: July 30, 2021