

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: People for Alondra

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
c/o Matt Musel, Treasurer,

6. E-MAIL ADDRESS: _____

7. TELEPHONE OF COMMITTEE OR FUND: 612-735-1890

8. NAME OF CANDIDATE - If Principal Campaign Committee: Alondra Cano

CANDIDATE'S ADDRESS: 2704 18th Ave. S., Mpls MN 55407

CANDIDATE'S PHONE: 612-483-5359

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

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. _____ ☐ Hennepin Conservation District No. _____

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

Chair: Jennifer Godinez 3025 Ottawa Ave. S., #138, St. Louis Park MN 55416 612-045-5385

Treasurer: Matt Musel 4411 Morgan Ave. N. Mpls MN 55412 612-735-1890

E-mail address _____

Deputy Treasurer (if any): Marlene Rojas, 306 1/2 Division St. Apt 2, Northfield MN 55057

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 1527 Lake Street, Mpls 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) Matt Musel, 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.

Matt Musel

(Signature of Treasurer)

7/2/14

(Date)