

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 Mayor

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

6. E-MAIL ADDRESS: DONISAMUELS@EARTHLINK.NET

7. TELEPHONE OF COMMITTEE OR FUND: (612) 419-7179

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

CANDIDATE'S ADDRESS: 1542 Hillside Ave N, Minneapolis MN 55411

CANDIDATE'S PHONE: (612) 588-9008

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☒ Mayor ☐ Council Ward No. _____ ☐ Library Board

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____

Log DB
PM DEL
☐ Park Board District No. _____

☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____ ☐ Hennepin Conservation District No. _____

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

Chair: TIM DOLAN

Treasurer: Sandra Patterson Sandra Presley-Patterson

E-mail address SPRESLEY1@hotmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 1030 WEST 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) Sandra Presley Patterson 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.

Sandra Presley Patterson 12/28/12
(Signature of Treasurer) (Date)