

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: Mark Andrew for Minneapolis

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

4626 Emerson Avenue S, Minneapolis, MN 55419

Received by Hennepin County
Taxpayer Services

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

FEB 4 2013

7. TELEPHONE OF COMMITTEE OR FUND: 612-306-5063

Log DB

8. NAME OF CANDIDATE - If Principal Campaign Committee: Mark Andrew

PM DEL 2-4-13

CANDIDATE'S ADDRESS: 4626 Emerson Avenue S, Minneapolis, MN 55419

CANDIDATE'S PHONE: 612-306-5063

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) _____ ☐ 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: Alberto Monserrate 4626 Emerson Ave S, Minneapolis, MN 55419 612-306-5063

Treasurer: Kim Isenberg 5028 Belmont Ave S, Minneapolis, MN 55419 612-669-2175

E-mail address _____

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Union Bank and Trust

Address: 312 Central Avenue SE, Minneapolis, MN 55414

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) Kim Isenberg, 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)

(Date)

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152