

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: Yang for City Council Campaign Committee

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

2654 Logan Avenue North, Minneapolis, MN 55411

6. E-MAIL ADDRESS: blongyang612@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: (612) 460-0133

8. NAME OF CANDIDATE - If Principal Campaign Committee: Blong Yang

Received by Hennepin County
Taxpayer Services

CANDIDATE'S ADDRESS: 2654 Logan Avenue North, Minneapolis, MN 55411

CANDIDATE'S PHONE: (612) 968-2504

FEB 28 2013

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

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Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 5 ☐ 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: Mai Neng Moua 2654 Logan Avenue North, Minneapolis, MN 55411 (612) 460-0133

Treasurer: Mai Neng Moua SAME SAME

E-mail address mainengmoua@gmail.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 4141 Lyndale Avenue North, Minneapolis, MN 55412

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) Mai Neng Moua, 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.

Mai Neng Moua
(Signature of Treasurer)

2/27/2013
(Date)