

# 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: NEIGHBORS FOR ERICA MAUTER

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 4631 HARRIET AVE, MINNEAPOLIS, MN

6. E-MAIL ADDRESS: ericaformpls@gmail.com 55419

7. TELEPHONE OF COMMITTEE OR FUND: 612-237-5372

8. NAME OF CANDIDATE - If Principal Campaign Committee: ERICA MAUTER

CANDIDATE'S ADDRESS: 4631 Harriet Ave, Minneapolis, MN 55419

CANDIDATE'S PHONE: 612-237-5372 Received by Hennepin County Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

DEC 16 2010

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

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

Minneapolis: ☐ Mayor ☒ Council Ward No. 11 ☐ 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: Lora White Hat - Antiehooker 4631 Harriet Ave 612-381-6181

Treasurer: Alfonso Wenker 1150 Hennepin Ave #1503 612-353-0853

E-mail address ericaformpls@gmail.com

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

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

12. DEPOSITORY/BANK (Location of Committee Funds): Wings Financial Credit Union

Address: 4701 Chicago Ave, 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) Alfonso Wenker, 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.

Alfonso Wenker  
(Signature of Treasurer)

12/16/16  
(Date)