

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☐ 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: Neighbors for Kevin McDonald

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

4506-47th AV S, Minneapolis, MN 55406

6. E-MAIL ADDRESS: kjmcDonald@hotmail.com ✓

7. TELEPHONE OF COMMITTEE OR FUND: 612-729-8898

8. NAME OF CANDIDATE - If Principal Campaign Committee: Kevin McDonald

CANDIDATE'S ADDRESS: 4517-47th AV S, Minneapolis, MN 55406

CANDIDATE'S PHONE: 612-729-8898

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 12 ☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis' Special School District No. 1 ☐ Board of Estimate/Taxation

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

☐ Three Rivers Park District No. _____ ☐ Soil and Water Conservation District No. _____

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

Chair: Kevin McDonald 4517-47th AV S, Mpls, MN 55406 612-729-8898

Treasurer: John Larson 4506-47th AV S, Mpls, MN 55406 ✓ 612-729-8898 ✓

E-mail address _____

Deputy Treasurer (if any): N/A

Received by Hennepin County
Taxpayer Services

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: N/A

JAN 18 2007

12. DEPOSITORY/BANK (Location of Committee Funds): Affinity Plus Federal Credit Union

Address: 175 West Lafayette Road, St. Paul, MN 55107

Log _____ DEB ✓

PM _____ DEL _____

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) John Larson, 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.

John Larson
(Signature of Treasurer)

1/14/07
(Date)