REGISTRATION AND STATEMENT OF ORGANIZATION

			☑ New Registration	Amendme	ent	·	
1. 🗵	offices) (See	e registration f	orm instructions.) Complete It		· · · · · ·	overnment elective	
2. [3. [Political Co Political Fu	mmittee (Seand (Sea nd (Seand	e registration form instructions tration form instructions.) Coi	s.) Complete items 4-7, 10, 12-13. mplete items 4-7, 10-13.			
4	NAME OF COMMITTEE OR FUND: Winton for Mayor						
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):						
	300 Union Plaza, 333 Washington Ave. N., Minneapolis, MN 55401						
6.	E-Mail Addre	ss: jamadia@	madialaw.com		· · · · · · · · · · · · · · · · · · ·		
7.	TELEPHONE OF COMMITTEE OR FUND: 612.349.2723				Received by Hennepin County		
8.	NAME OF CANDIDATE - If Principal Campaign Committee: Cam Winton				<u></u>	Taxpayer Services	
	CANDIDATE'S ADDRESS; 4837 France Ave. S., Minneapolis, MN 55410					JAN 10 2013	
	CANDIDATE'S F	PHONE: 612.65	5.6178		Log	DB	
9.	OFFICE SOUGH	IT OR HELD BY	CANDIDATE:			DEL	
	Bloomington:	☐ Mayor	Council District No.				
	Brooklyn Park	: Mayor	Council District				
	Minneapolis:	☑ Mayor	Council Ward No	Library Board	☐ Park Board I	District No.	
	☐ Minneapolis School District #1 District No.(1-6 OR at Large)				☐ Board of Est	☐ Board of Estimate/Taxation	
	Hennepin County:	☐ Attorney	☐ Sheriff	Commissioner District N	D		
		☐ Three Ri	vers Park District No	Hennepin Conservation District No			
10.	COMMITTEE OFFICERS: NAME			MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE			
	Chair: Justin Gillette			4605 1st Ave. S., Minneapolis	MN 55419	612.518.6007	
	Treasurer: J. Ashwin Madia		300 Union Plaza, 333 Washington Ave. N., Minneapolis, MN 55401612.349.2723				
				E-mail address jamadia@ma	dialaw.com		
	Deputy Treasurer (if any):						
11.	ASSOCIATIONS SUPPORTING A POLITICAL FUND:						
12.	DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo Bank						
	Address: 215 S. Fourth St., Minneapolis, MN 55402						
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) J. Ashwin Madia , 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.						
	-//-	(Signatu	re of Treasurer)	1.10	(Date)		
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FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152