

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 Amy Arcand

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

3536 21st Ave S. Mpls, MN 55407

6. E-MAIL ADDRESS: Amy.arcand@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-961-9517

8. NAME OF CANDIDATE - If Principal Campaign Committee: Amy Arcand

CANDIDATE'S ADDRESS: 3536 21st Ave S. Mpls, MN 55407 Received by Hennepin County
Taxpayer Services

CANDIDATE'S PHONE: 612-961-9517

JAN 25 2009

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Log DB ☒
PM 1-28-09 DEL

Minneapolis: ☐ Mayor ☒ Council Ward No. 9

☐ 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: _____ 651-226-4199

Treasurer: Brenda Diethelm-Okita 1059 Montana Ave W. St. Paul MN 55117

E-mail address dieth001@umn.edu

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Franklin Bank Lake Street

Address: 1527 E. Lake Street Mpls, 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) Brenda Diethelm-Okita, 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.

Brenda Diethelm-Okita
(Signature of Treasurer)

127. 2009
(Date)