

# 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 Lisa Bender

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

PO Box 80344, Minneapolis, MN 55408

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

7. TELEPHONE OF COMMITTEE OR FUND: 218-393-2358

8. NAME OF CANDIDATE - If Principal Campaign Committee: Lisa Bender

CANDIDATE'S ADDRESS: 2433 Dupont Ave S, Minneapolis, MN 55405

CANDIDATE'S PHONE: 612-669-3286

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

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

Minneapolis: ☐ Mayor ☒ Council Ward No. 10 ☐ 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: Max Musicant PO Box 80344 Minneapolis, MN 55408 612-670-6717

Treasurer: Joel Dumonsau PO Box 80344 Minneapolis, MN 55408 218-393-2358

E-mail address joeldumonsau@gmail.com

Deputy Treasurer (if any): NA

Received by Hennepin County  
Taxpayer Services

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: NA

NOV 02 2016

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

Address: 2420 Hennepin Ave, Minneapolis, MN 55405

Log DB  
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) Joel Dumonsau, 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.

(Signature of Treasurer)

(Date)