

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New registration ___ Amendment to registration

The organization is for a (check one): ___ Candidate Committee Political Committee ___ Political Fund

Committee Name ALLIANCE FOR A BETTER NEW BRIGHTON

Candidate Name (first and last) _____

Mailing Address of Committee
(include city, state, and zipcode) 1730 NEW BRIGHTON BLVD, #167, MINNEAPOLIS, MN 55413

Email COORDINATOR@VOTENO621.COM Phone _____

Purpose or Office sought INFLUENCE LOCAL ELECTIONS

Geographic Area NEW BRIGHTON

Officers of the Committee

	Name	Address	Phone
Chair (required)	DALE ZOERB	1730 NEW BRIGHTON BLVD, #167, MINNEAPOLIS, MN 55413	
Treasurer/ Secretary (required)	DALE ZOERB	1730 NEW BRIGHTON BLVD, #167, MINNEAPOLIS, MN 55413	
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds _____

Name Address Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name SHARON DOFFING, SUSAN ERICKSON, GINA BAUMAN

Address _____

Office sought
by candidate CITY COUNCIL

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 11/02/17 are \$ 0.

I, DALE ZOERB CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: *Dale Zoerb* Date: 11-9-17

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.