

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

		(, , , , . , . ,		,		
	ı) (check one):	New registration				
The organization is for a (check one): X Candidate Committee Political Committee Political Fund						
Committee Name Committee to Elect Alexander bowne						
Candidate Name (first and last) Hexander bourne						
Mailing Address of Committee (include city, state, and zipcode) 1270 Magnolia Ave. E. St. Paul, MN 55106						
Email bourne Has Dur lo @ gMail, Lorm Phone 612-458-2353						
Purpose or Office sought Saint Paul City Colyncil - Word Le						
Geographic Area St. Paul - Word 6						
Officers of the Committee						
1	Name	Addres			Phone	
Chair (required)	Amin Omar	371	Winth	40 P St. # 285	612-998-8093	
		01.	3	UN 55119		
Treasurer/ Secretary (required)	Amin Omor	371	Winthro	of St. #285	6[2-998-8093	
		51, 6	aul, MI	US5119		
Other Principal Officers (if any)						
Other Principal Officers (if any)						
(ii dily)						
Depository(ies)/ Bank Location of Committee Funds		Gredit Union L'	I Emp	ire Dr. St. P	anl, MNSS 103 6	
	Name /	Audre	33		79	

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought
by candidate ————————————————————————————————————
Party Affiliation (if any)
(If any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $\frac{12/3/18}{}$ are \$ $\frac{320}{}$.
I, Allander bound certify that the information contained on this form is
COMPLETE, TRUE, AND CORRECT.
Signature:
ANY DEDSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS

FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.