

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n)	(check one):	gistration	Amendment to reg	stration	
The organization is for a (check one): Candidate Committee Political Committee Political Fund Committee Name					
Committee Name Every East Sider (Alexander bowne)					
Candidate Name (first and last) Hexander Bourne					
Mailing Address of Committee (include city, state, and zipcode) 565 Payne Ave					
Email Every East Sider @gmay (. Com Phone 612-458-2353					
Purpose or Office sought St. Paul City Council - Ward 7					
Geographic Area East Side					
Officers of the Committee					
-	Name	Address	·····	Phone	
Chair (required)	Allxander bourne	K36 beech Bifant, MA	-	G12-458-2353	
Treasurer/ Secretary (required)	Remi Iselewa	373 Kut	n Sti	651-399-9081	
Other Principal Officers (if any)		57. Paul, M	N DINY		
Other Principal Officers (if any)					
Depository(ies)/ Bank Location of Committee Funds	Name	159 BWNS Address	8 Ave., St.P.	anl, MN 55119 Phone USI-731-7219	

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)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $\frac{4/20/23}{20/23}$ are \$ $\frac{-3.04}{20/23}$.
I, Allyander hown certify that the information contained on this form is complete, true, and correct.
Signature: $\sqrt{-20-23}$
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ANY PERSON 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.