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 _Neighbors for Greenwood-Sanchez_

Candidate Name (first and last) _David Greenwood-Sanchez_

Mailing Address of Committee
(include city, state, and zipcode) _1023 Como Ave, St. Paul MN 55103_

Email _votedavidgs@gmail.com_   Phone _651-528-4077_

Purpose or Office sought _St. Paul City Council, Ward 5_

Geographic Area _St. Paul - Ward 5_

Officers of the Committee

	Name	Address	Phone
Chair (required)	David Greenwood-Sanchez	1111 Argyle St. St. Paul, MN 55103	651-528-4077
Treasurer/ Secretary (required)	Bonnie Youngquist	1170 Churchill St. St. Paul, MN 55103	651-503-6314
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds _TopLine Credit Union   976 N. Lexington Ave   763-391-0806_
Name   Address   Phone
St. Paul, MN 55103

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name _David Greenwood-Sanchez_

Address _1023 Como Ave, St. Paul MN 55103_

Office sought
by candidate _St. Paul City Council, Ward 5_

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) _08/15/23_ are $ _1450.97_.

I, _David Greenwood-Sanchez_ CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.

Signature: _____ Date: _08/15/23_

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.