

# 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: MN Socialist Workers Campaign 2017

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
416 E Hennepin Ave, Ste 214, Minneapolis, MN 55414

6. E-MAIL ADDRESS: tcswp@questoffice.net

7. TELEPHONE OF COMMITTEE OR FUND: 612 729-1205

8. NAME OF CANDIDATE - If Principal Campaign Committee: David Z. Rosenfeld

CANDIDATE'S ADDRESS: 3904 Longfellow Ave #4 Minneapolis, MN 55407

CANDIDATE'S PHONE: 651-492-6865

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

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

Minneapolis: ☒ Mayor ☐ Council Ward No. \_\_\_\_\_ ☐ Library Board

☐ Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. \_\_\_\_\_

☐ Three Rivers Park District No. \_\_\_\_\_

Log DB  
PM DEL

☐ Park Board District No. \_\_\_\_\_

☐ Board of Estimate/Taxation

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE 612-729-1205

Chair: Anthony Lane 416 E Hennepin Ave, Ste 214 Mpls, MN 55414

Treasurer: Helen Meyers 416 E Hennepin Ave, Ste 214, Mpls, MN 55414 612-791-8437

E-mail address: \_\_\_\_\_

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

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

Address: 3118 E Lake St, Minneapolis, MN 55406

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) Helen Meyers, 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.

Helen Meyers  
(Signature of Treasurer)

4/20/17  
(Date)