

# 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: Aswar for Mayor

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):  
2700 Humboldt Ave S #304, Minneapolis, MN 55408

6. E-Mail Address: amanda@voteaswar.com

7. Telephone of Committee or Fund: 320-522-3621

8. Name of Candidate - If Principal Campaign Committee: Aswar Rahman

Candidate's Address: 2700 Humboldt Ave S #304, Minneapolis, MN 55408

Candidate's Phone: 612 229 4533

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 \_\_\_\_\_ Park Board District No. \_\_\_\_\_

Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_ Board of Estimate/Taxation \_\_\_\_\_

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

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

10. Committee Officers: Name Mailing Address for Committee Business Phone

Chair: KEVIN BRONDANI 2700 HUMBOLDT AVE S #304 952 807 2411

Treasurer: AMANDA SCHWARZROCK Minneapolis, MN 55408 320 522 3621

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

Received by Hennepin County  
Taxpayer Services

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

11. Associations Supporting a Political Fund:

FEB 14 2017

12. Depository/Bank (Location of Committee Funds): BANK OF AMERICA

Log DB  
PM DEL

Address: 2700 HENNEPIN AVE #101, MINNEAPOLIS, MN 55408

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) Amanda Schwarzkrock, 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.

Amanda Schwarzkrock  
(Signature of Treasurer)

2/4/17  
(Date)