## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

	☐ New Registration ☐ Amendment
1. <b>[</b> 2. [ 2. [ 3. [	Political Fund (See registration form instructions.) Complete items 4-7, 10-13.
4.	NAME OF COMMITTEE OR FUND: SMITHPUR FOR WARD 5
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  2357 JAMES AVE N. MPLS. MW 55411-1958
6.	E-MAIL ADDRESS: R-Smithrud & HOTMAIL. COM
7.	TELEPHONE OF COMMITTEE OR FUND: 612-767-1990
8.	NAME OF CANDIDATE - If Principal Campaign Committee: Roger SmithRval
	CANDIDATE'S ADDRESS: 2357 THMES AVE, W MPLS MN 55411-1958
	CANDIDATE'S PHONE: 612-767-1990
9.	OFFICE SOUGHT OR HELD BY CANDIDATE:  Bloomington:   Mayor   Council District No
_	Minneapolis: ☐ Mayor
	☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation
	Hennepin County: Attorney Sheriff Commissioner District No
	☐ Three Rivers Park District No ☐ Soil and Water Conservation District No
10.	COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE  Chair: Roger Smithred 2357 Thmes Aven Mass 612-767-1990  Treasurer: Roger Smithred (( ) / 6 ( ) ( ) ( ) ( ) ( )
	E-mail address R-Smithred @ HOTMAILicon
	Deputy Treasurer (if any):
	Associations Supporting a Political Fund:
12.	DEPOSITORY/BANK (Location of Committee Funds): Star Choice Credit Williams
	Address: 425 Portland Ave, Minneapolis, MN 55488
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) Regel Sm 17HRVd , 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.
	Magrande 11-13-2009
	(Signature of Treasurer) (Date)