

# 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: **UNITED FOR STEPHANIE**

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):

**3318 THOMAS AVENUE NORTH  
MINNEAPOLIS, MN 55412**

6. E-Mail Address:

21 Telephone of Committee or Fund: **612-203-4694**

8. Name of Candidate - If Principal Campaign Committee: **STEPHANIE GASCA**

Candidate's Address: **3318 THOMAS AVENUE NORTH  
MINNEAPOLIS, MN 55412**

Candidate's Phone: **612-203-4694**

Received by Hennepin County  
Elections Division

DEC 23 2016

9. Office Sought or Held by Candidate:

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

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

Minneapolis: Mayor Council Ward No. **4** 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: **TAYLOR SHEVEY** **3046 13TH AVE SOUTH** **262-825-2499**  
**MINNEAPOLIS MN 55407 #3**

Treasurer: **SHANNON BADE** **3318 THOMAS AVENUE NORTH** **MINNEAPOLIS MN 55412** **773-330-3118**  
**MINNEAPOLIS MN** E-mail address **shannonleebade@gmail.com**

Deputy Treasurer (if any):

11. Associations Supporting a Political Fund:

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

Address:

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) **SHANNON BADE**, 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.

**Shannon B. Bade**  
(Signature of Treasurer)

**12-22-16**  
(Date)