

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: Saralyn Romanishan for Ward 10

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
2111 Aldrich Avenue South, Minneapolis MN 55405

6. E-MAIL ADDRESS: saralyn.for.ward10@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-568-4831

8. NAME OF CANDIDATE - If Principal Campaign Committee: Saralyn Romanishan

CANDIDATE'S ADDRESS: 2111 Aldrich Avenue South, Minneapolis MN 55405

CANDIDATE'S PHONE: 612-310-8022

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 10 ☐ 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. _____

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Taxpayer Services

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10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Paul C.J. Ryan 1934 Aldrich Ave. S. Apt 201 Minneapolis MN 55403 612-554-4432

Treasurer: Daniel Burks 2115 Aldrich Ave. S. Minneapolis MN 55405 612-458-8170

E-mail address dburks2017@icloud.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Trustone Financial

Address: 2817 Lyndale Avenue South, 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) Daniel Burks, 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.

(Signature of Treasurer)

(Date)