

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**

7. 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**

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**
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 P. bade
(Signature of Treasurer)

12-22-16
(Date)

Received by Hennepin County
Elections Division
DEC 23 2016