

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & 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: Smithrud for Ward 5

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
2357 James Ave N. MPLS MN 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 Smithrud Received by Hennepin County
Taxpayer Services

CANDIDATE'S ADDRESS: 2357 James Ave N.

CANDIDATE'S PHONE: 612 767-1990 NOV 02 2009

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Log DB
PM DEL 11-2-09

Minneapolis: ☐ Mayor ☒ Council Ward No. 5 ☐ Library Board ☐ Park Board District No. _____

☐ 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 Smithrud 2357 James Ave N 55411-1958 612 767-1990

Treasurer: Roger Smithrud " " " " "

E-mail address R-Smithrud@HOTMAIL.COM

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): STAR TRIBUNE EMPLOYEE CREDIT UNION

Address: 425 PORTLAND AVES MPLS.

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) Roger Smithrud, 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.

Roger Smithrud
(Signature of Treasurer)

NOV 2-2009
(Date)