

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 AVE NORTH, MINNEAPOLIS, MN 55412

6. E-MAIL ADDRESS: _____

7. 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, MPLS, MN 55412

CANDIDATE'S PHONE: 612-203-4694

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

JAN 10 2017

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Log _____ DB _____
PM _____ DEL _____

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 AVES., MPLS, MN 55407 262-825-2499

Treasurer: SHANNON BADE 3845 4th AVES., MPLS MN 55409 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): WINGS FINANCIAL CREDIT UNION

Address: 14985 GLAZIER AVE, APPLE VALLEY, MN 55124

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.

[Signature]
(Signature of Treasurer)

1-10-17
(Date)