REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

	☐ New Registration 🔀 Amendment
2. [3. [Political Fund (See registration form instructions.) Complete items 4-7, 10-13.
4.	NAME OF COMMITTEE OR FUND: Smithpud for WARd 5
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 2357 JAMES AVE N. MPLS. MV 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 SmithRval
	CANDIDATE'S ADDRESS: 2357 THMES AVE, W MPLS MN 55411-1958
	CANDIDATE'S PHONE: 612-767-1990
9.	OFFICE SOUGHT OR HELD BY CANDIDATE:
	Bloomington: Mayor Council District No
	Minneapolis:
	☐ 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 SmithRed 2359 TAMES AVEN MAS 612-769-1990
	Treasurer: Roger Sm 174Rva (
	E-mail address R-Smithred @ HOT MAIL, CON
	Deputy Treasurer (if any):
	Associations Supporting a Political Fund:
12.	DEPOSITORY/BANK (Location of Committee Funds): Star Choco Credit Williams
	Address: 425 Portland Ave, Minneapolis, MN 55488
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 SmiTHRVd , 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.
	Magy Interest of the submitted, all information within this form is public data.
	(Signature of Treasurer) (Date)