## REGISTRATION AND STATEMENT OF ORGANIZATION

			☐ New Re	egistration	Į.	Amendment			
1. <b>[</b> 2. <b>[</b> 3. <b>[</b>	registration f Political Co Political Fur	orm instruction mmittee (Se nd (See regis	ons.) Complete I e registration for stration form inst	tems 4-10 and r m instructions.) ructions.) Com	12-13. Complete iter plete items 4-7	_	Government e	elective offices) (See	·
4.	Name of Commi	ITTEE OR FUND	: Sml+	h Rud f	OR WAR.	15			_
5.	Mailing Addres	ss of Commit	TEE OR FUND (INC Jan-e S	lude City, State	, Zip Code):				_
6.			thRud					· · · · · · · · · · · · · · · · · · ·	_
7.	TELEPHONE OF COMMITTEE OR FUND: 6/2-222-1047								
8.	NAME OF CANDIDATE - If Principal Campaign Committee: Roger SmithRvol								
٠	CANDIDATE'S AD	DRESS: 2	357 J	hmes	Ave	N	23	<del>In Hennepin C</del>	ounty
	CANDIDATE'S PHONE: 612 - 22 2-1047						Received by Hennepin County Taxpayer Services		
9.	OFFICE SOUGHT OR HELD BY CANDIDATE:  Bloomington: Mayor Council District No.						FEB 0 4 ZUIO		
	Bloomington:	Mayor	Council I	District No				DB	
	Brooklyn Park:	☐ Mayor	Council £	District No.			DW	<u>DEL</u>	<del>-</del> 
	Minneapolis:	☐ Mayor	Council \	Nard No	Lib	rary Board	☐ Park Bo	ard District No.	- -
	☐ Minneapolis School District #1 District No.(1-6 OR at Large)						☐ Board o	Estimate/Taxation	
	Hennepin	☐ Attorney ☐ Sheriff ☐ Commissioner District No ☐ Three Rivers Park District No							
	County:								_
10.	COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE								
	Chair:								
	Treasurer:	loger	Jm	thRud	2357	7 JAMES B	ren	612-222	104/
	Treasurer: Roger Smithred 2357 JAMES AVEN 612-222104								
	Deputy Treasurer (if any):								
11.	Associations S	SUPPORTING A	POLITICAL FUND:				material constitution of the constitution of t		
12.	DEPOSITORY/BA	NK (Location	of Committee F	unds): <u>\$7</u>	OR C.	hoice			_
	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) 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.								
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7	1 - July		re of Treasurer)			(Date	9)	_	