

# REGISTRATION AND STATEMENT OF ORGANIZATION

☒ 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: WOODRUFF FOR MAYOR

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 111 E. Franklin Ave #220

6. E-MAIL ADDRESS: Woodruffmpls mayor@gmail.com Minneapolis, MN 55404

7. TELEPHONE OF COMMITTEE OR FUND: 612.964.0628

8. NAME OF CANDIDATE - If Principal Campaign Committee: Stephanie Woodruff

CANDIDATE'S ADDRESS: 111 E. Franklin Ave, #220, Mpls, MN 55404

CANDIDATE'S PHONE: 612.964.0628

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Brooklyn Park: ☐ Mayor ☐ Council District \_\_\_\_\_

Minneapolis: ☒ Mayor ☐ Council Ward No. \_\_\_\_\_ ☐ Library Board

☐ Minneapolis School District #1 District No. (1-6 OR at Large) \_\_\_\_\_

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. \_\_\_\_\_

☐ Three Rivers Park District No. \_\_\_\_\_ ☐ Hennepin Conservation District No. \_\_\_\_\_

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS

Chair: Stephanie Woodruff 111 E. Franklin Ave, #220 Mpls, MN 55404

Treasurer: Jane Hopkins Gould 2130 Sheridan Hills Road Wayzata, MN 55391

E-mail address Swoodruff01@gmail.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Venture Bank

Address: 6210 Wayzata Blvd, Golden Valley, MN 55416

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) Jane Hopkins Gould, 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.

Jane Hopkins Gould  
(Signature of Treasurer)

6/4/13  
(Date)