

# 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: Smithrud for ward 5

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
2357 James Ave N

6. E-MAIL ADDRESS: Smithrud61@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-222-1047

8. NAME OF CANDIDATE - If Principal Campaign Committee: Roger Smithrud

CANDIDATE'S ADDRESS: 2357 James Ave N

CANDIDATE'S PHONE: 612-222-1047

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

FEB 04 2010

Bloomington: ☐ Mayor ☒ Council District No. 5

Brooklyn Park: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Log DB  
PM DEL

Minneapolis: ☐ Mayor ☐ Council Ward No. \_\_\_\_\_ ☐ 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: Roger Smithrud 2357 James Ave N 612-222-1047

Treasurer: Roger Smithrud 2357 James Ave N 612-222-1047

E-mail address Smithrud61@gmail.com

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

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

12. DEPOSITORY/BANK (Location of Committee Funds): STAR Choice

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.

Roger Smithrud  
(Signature of Treasurer)

2-4-16  
(Date)