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: **Students for Education Reform (SFER) Action Network Fund**

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): 341 West 38th St. 11th Floor New York, NY 10018

6. E-Mail Address: egda@studentsforedrefom.org

7. Telephone of Committee or Fund: **347-466-2293**

8. Name of Candidate - If Principal Campaign Committee:

   Candidate's Address:

   Candidate's Phone:

9. **Office Sought or Held by Candidate**:

   Bloomington: Mayor Council District No. 

   Brooklyn Park: Mayor Council District No. 

   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: **Chris Stewart** 341 West 38th St. 11th Floor New York, NY 10018 

    Treasurer: **Adam Ciolk** 341 West 38th St. 11th Floor New York, NY 10018 

    E-mail address 

    Deputy Treasurer (if any):

11. **Associations Supporting a Political Fund**: **SFER Action Network**

12. **Depository/Bank (Location of Committee Funds)**: **First Republic Bank**

    Address: 111 Pine St. 7th Floor San Francisco CA 94111

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) Adam Ciolk, 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 of Treasurer** **8/5/14**

File with: Taxpayer Services Department, Elections Division PSL 012 Government Center, Minneapolis, MN 55447-0012 (612)596-7152