REGISTRATION AND STATEMENT OF ORGANIZATION

☐ New Registration  ☑ Amendment

1. ☑ Principal Campaign Committee (Cities of Bloomington, Brooklyn Park, & 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: Philip Sturm for Mayor

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
   PO Box 17468 Minneapolis MN 55417

6. E-MAIL ADDRESS: philsturm@philsturm.org

7. TELEPHONE OF COMMITTEE OR FUND: 507-530-2015

8. NAME OF CANDIDATE - If Principal Campaign Committee: Philip Sturm

   CANDIDATE'S ADDRESS: PO Box 17468 Minneapolis MN 55417

   CANDIDATE'S PHONE: 507-530-2015

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: Philip Sturm          PO Box 17468 Minneapolis MN 55417          507-530-2015
    Treasurer: Philip Sturm       PO Box 17468 Minneapolis MN 55417          507-530-2015
    E-mail address philsturm@philsturm.org

    Deputy Treasurer (if any):

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND:

12. DEPOSITORY/BANK (Location of Committee Funds): US Bank
    Address: 4930 34th Ave S Minneapolis MN 55417

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)  Philip Sturm, 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)  3/22/21 (Date)

3/22/21