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

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
   21 West 46th Street, Suite 701, New York, NY 10036

6. E-MAIL ADDRESS: eqda@studentsforedreform.org

7. TELEPHONE OF COMMITTEE OR FUND: 347-466-2293

8. NAME OF CANDIDATE - If Principal Campaign Committee: ____________________________
   Received by Hennepin County
   Taxpayer Services
   Log DB PM 11-1-2014

   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 \n    MAILING ADDRESS FOR COMMITTEE BUSINESS \n    PHONE
    Chair: Chris Steward, 21 West 46th Street, Suite 701, New York, NY 10036
    Treasurer: Adam Clifton, 21 West 46th Street, Suite 701, New York, NY 10036

    E-mail address eqda@studentsforedreform.org

    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 Street 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 Clifton, 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)    (Date)

11/5/14