

REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

X 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: Truth to the People Campaign Committee

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 3543 10TH Ave. S.

6. E-MAIL ADDRESS: info@truthtothepeople.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-217-1515

Received by Hennepin County
Taxpayer Services

8. NAME OF CANDIDATE - If Principal Campaign Committee: Al Flowers

AUG 02 2017

CANDIDATE'S ADDRESS: 3106 CHICAGO AVE. S.

CANDIDATE'S PHONE: 612-701-8562

Log DB
PM DEL

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: X 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: Al Flowers 3106 Chicago Ave. S. Minneapolis, MN 55047 612-701-8562

Treasurer: Shyanna Cotton 1825 Industrial St. #5 Hudson, WI 54016 612-990-3445

E-mail address Shyanna@truthtothepeople.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

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

Address: 801 S Marquette Ave. Minneapolis, MN 55402

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) Shyanna Cotton, 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.

Shyanna Cotton
(Signature of Treasurer)

7/31/17
(Date)