

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: Ty Moore for City Council

5. Mailing Address of Committee or Fund (Include City, State, Zip Code): 3401 Pillsbury Ave S
Minneapolis, MN 55408

6. E-Mail Address: Quarles.Kate@gmail.com

7. Telephone of Committee or Fund: 612-226-9129

8. Name of Candidate - If Principal Campaign Committee: Ty Moore

Candidate's Address: 3029 Chicago Ave, Minneapolis, MN 55407

Candidate's Phone: 612-760-1990

Received by Hennepin County
Taxpayer Services

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Log DB
PM DEL

Minneapolis: Mayor Council Ward No. 9 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. _____ Hennepin Conservation District No. _____

10. Committee Officers: Name Mailing Address for Committee Business Phone

Chair: Christopher Gray 3029 Chicago Ave, Minneapolis, MN 55407 952 270 7676

Treasurer: Katherine Quarles 3401 Pillsbury Ave S, Minneapolis, MN 55408 612 226 9129

E-mail address info@tymoore.org

Deputy Treasurer (if any): Kelly Bellin 3031 Chicago Ave, Minneapolis, MN 55407 763 923 1955

11. Associations Supporting a Political Fund: none

12. Depository/Bank (Location of Committee Funds): TruStone Financial

Address: 2817 Lyndale Ave S, Minneapolis, MN 55408

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) Katherine Quarles, 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.

K Quarles
(Signature of Treasurer)

2/20/2013
(Date)