REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

			New Registration	⊠ Amendment		
 Principal Campaign Committee (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13. Political Committee (See registration form instructions.) Complete Items 4-7, 10, 12-13. Political Fund (See registration form instructions.) Complete Items 4-7, 10-13. 						
4.	NAME OF COMMITTEE OR FUND: RT for Mayor Committee					
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):					
	5108 Vincent Avenue South, Minneapolis, MN 55410					
6.	E-MAIL ADDRESS: tre	-Mail. Address: treasurer@rtrybak.com				
7.	TELEPHONE OF COMM	ELEPHONE OF COMMITTEE OR FUND: 612-217-2775				
8.	Name of Candidate	TELEPHONE OF COMMITTEE OR FUND: 612-217-2775 NAME OF CANDIDATE - If Principal Campaign Committee: R. T. Rybak Received by Henne Taxpayer Se				
	CANDIDATE'S ADDRES	s:		FF	B (5-001)	
	CANDIDATE'S PHONE:				and the same of th	
9.	Office Sought or Held by Candidate:			F00	DE	
	Bloomington:	☐ Mayor	Council District No.	PM 2-1	SEMENTAL PROPERTY.	
	Minneapolis:	☐ Mayor	Council Ward No	Library Board	☐ Park Board District No.	
		☐ Minneapo	olis Special School District No. 1	☐ Board of Estima	te/Taxation	
	Hennepin County:	☐ Attorney	☐ Sheriff	☐ Commissioner [District No	
		☐ Three Riv	vers Park District No	☐ Soil and Water	Conservation District No	
10.	COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE					
	Chair:					
	Freasurer:					
	E-mail address					
	Deputy Treasurer (if any):					
11.	Associations Supporting a Political Fund:					
12.	DEPOSITORY/BANK (Location of Committee Funds):					
	Address:					
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) Peter M. Taylor , 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)					

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152