## **REGISTRATION AND STATEMENT OF ORGANIZATION**

New Registration

## Amendment

2.	(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: Ty Moore for City Council
5.	Mailing Address of Committee or Fund (Include City, State, Zip Code): 340/ Pills bary Ave 5 Minneapolis, NN 55408
3.	E-Mail Address: Quarles. Kate agnail. com
7.	Telephone of Committee or Fund: 6/2 - 226 - 9/29
3.	Name of Candidate - If Principal Campaign Committee: Ty Moore
	Candidate's Address: 3029 Chicago Ave, Minneapolis, MN 5540 Received by Hennepin County
	Candidate's Phone: 612 - 760 - 1970 Taxpayer Services
9.	Office Sought or Held by Candidate: Bloomington: Mayor Council District No.
	Brooklyn Park: Mayor Council District . Log DB PM DEL
*****	Minneapolis: Mayor Council Ward No. 1 Library Board Park Board District No.
	Minneapolis School District #1 District No.(1-6 OR at Large) Board of Estimate/Taxation
	Hennepin Attorney Sheriff Commissioner District No.
	County:  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 952270 7676
	Treasurer: Katherine Quarles 3401 Pillsbury Ave S. Minneapalis, MN 55408 612 226 9129
	E-mail address info@ tymoorz org
	Deputy Treasurer (if any): Kelly Bellin 3031 Chicago Ave, Minheapoly, MN 55407 763 923 1455
	Associations Supporting a Political Fund: hone
12.	Depository/Bank (Location of Committee Funds): Tru Stone Financia (
	Address: 2817 Lyndale Aves, Minneapoly, 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 Quartes , 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)    Control of Treasurer   Control of Treasu
	(Signature of Treasurer) (Date)
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File with: Taxpayer Services Department, Elections Division PSL 012 Government Center, Minneapolis, MN 55487-0060 (612)596-7152