

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: Vote Tiffini 2017

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
910 25th Ave S. #201, Minneapolis MN 55406

6. E-MAIL ADDRESS: tiffini.flynn.mn@yahoo.com

7. TELEPHONE OF COMMITTEE OR FUND: 612.598.3035

8. NAME OF CANDIDATE - If Principal Campaign Committee: Tiffini Flynn Forslund

CANDIDATE'S ADDRESS: Same as above

Received by Hennepin County
Taxpayer Services

CANDIDATE'S PHONE: 612.598.3035

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

JAN 30 2017

Bloomington: ☐ Mayor ☐ Council District No. _____

Log DB
PM DEL

Brooklyn Park: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 10 ☐ 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: Tiffini Flynn Forslund 910 25th Ave S. #201 612.598.3035

Treasurer: Joanne Hodgeman 1411 Sherburne Ave St Paul MN 651.894.4104

E-mail address _____

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Tepline Credit Union

Address: Lexington Ave, St Paul MN,

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) Tiffini Flynn Forslund, 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]
(Signature of Treasurer)

1.30.2017

(Date)