

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: Tate for Parks

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

P.O. Box 11334 MPLS. MN. 55411

6. E-MAIL ADDRESS: coachmiketate@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: \_\_\_\_\_

8. NAME OF CANDIDATE - If Principal Campaign Committee: Michael Tate

CANDIDATE'S ADDRESS: 4326 LOGAN AVE. N. MPLS.

CANDIDATE'S PHONE: 612-413-3913

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington:  Mayor  Council District No. \_\_\_\_\_

APR 04 2017

Brooklyn Park:  Mayor  Council District No. \_\_\_\_\_

Log DB  
PM DEL

Minneapolis:  Mayor  Council Ward No. \_\_\_\_\_  Library Board  Park Board District No. 2

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: Margaret Davis 200 NATHAN LANE Plymouth MN 55441 #1696

Treasurer: Sandra Davis 4944 N. 4th Ct mpls mn 55412  
Ph. 612-529-7767 E-mail address Sandy12189 Icloud.com

Deputy Treasurer (if any): NONE

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: NONE

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

Address: 10750 France Ave. S. Bloomington MN 55431

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) Sandra Davis, 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.

Sandra Davis  
(Signature of Treasurer)

4/4/17  
(Date)