

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: Committee to Elect Tulley Kline for City Council

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 3146 Ulysses St NE Minneapolis, MN 55418

6. E-MAIL ADDRESS: TulleyKlineForWard1@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 6122378152

8. NAME OF CANDIDATE - If Principal Campaign Committee: Tulley Kline

CANDIDATE'S ADDRESS: 3146 Ulysses St NE Minneapolis, MN 55418

CANDIDATE'S PHONE: 6122378152

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

FEB 03 2021

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

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

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 County:  Attorney  Sheriff  Commissioner District No. \_\_\_\_\_

Three Rivers Park District No. \_\_\_\_\_

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Tulley Kline 3146 Ulysses St NE Minneapolis, MN 55418 6122378152

Treasurer: Tulley Kline 3146 Ulysses St NE Minneapolis, MN 55418 6122378152

E-mail address TulleyKlineForWard1@gmail.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Sunrise Banks

Address: 525 Washington Ave N Minneapolis, MN 55401

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) Tulley Kline, 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.

[Handwritten Signature]
(Signature of Treasurer)

2/2/2021
(Date)