

**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n) (check one):  New registration  Amendment to registration

The organization is for a (check one):  Candidate Committee  Political Committee  Political Fund

Committee Name Dave Mcclung For Arden Hills City Council

Candidate Name (first and last) David Mcclung

Mailing Address of Committee (include city, state, and zipcode) 1416 Arden View Dr Arden Hills mn 55112

Email davemcclung@comcast.net Phone 651-332-0352

Purpose or Office sought Arden Hill City Council

Geographic Area City of Arden Hills

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Dave Mcclung	1416 Arden View Dr Arden Hills, mn 55112	651-332-0352
Treasurer/ Secretary (required)	Dave Mcclung	1416 Arden View Dr Arden Hills, mn 55112	651-332-0352
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds

Name	Address	Phone

**THIS SECTION FOR POLITICAL COMMITTEES ONLY**  
Candidate or Party supported by Political Committee

Candidate Name or Party Name \_\_\_\_\_

Address \_\_\_\_\_

Office sought  
by candidate \_\_\_\_\_

Party Affiliation  
(if any) \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) 10/20/16 are \$ 0.

I, David S. Meeking CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 10/20/16

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.