

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 Bobby Goldman for Arden Hills

Candidate Name (first and last) Bobby Goldman

Mailing Address of Committee
(include city, state, and zipcode) 1290 County Road F W #309, Arden Hills, MN 55112

Email goldmanforardenhills@gmail.com Phone 651-280-9917

Purpose or Office sought Arden Hills City Council

Geographic Area City of Arden Hills

Officers of the Committee

	Name	Address	Phone
Chair (required)	Bobby Goldman	1290 County Road F W #309, Arden Hills, MN 55112	651-280-9917
Treasurer/ Secretary (required)	Kristy Dellwo	1290 County Road F W #309, Arden Hills, MN 55112	651-343-7056
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds Wells Fargo 1220 County Rd E, Arden Hills, MN 55112 651-205-5511

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) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 6/19/2020 are \$ \$679.42.

I, Bobby Goldman CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: *Bobby Goldman* Date: 6/19/2020

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.
