

**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 Campaign fund of Thomas Fabel

Candidate Name (first and last) Thomas Fabel

Mailing Address of Committee  
(include city, state, and zipcode) 1550 Edgewater Ave, Arden Hills, MN 55112

Email tom.fabel@gmail.com Phone 651-636-2423

Purpose or Office sought Arden Hills City Council

Geographic Area City of Arden Hills

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Tom Fabel	1550 Edgewater Ave Arden Hills, MN 55112	
Treasurer/ Secretary (required)	Chris Hughes	3515 Snelling Ave North Arden Hills, MN 55112	651.635.0647
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/  
Bank Location of  
Committee Funds Old National Bank 664 Arden Hills, MN 1240 County Road E West 763.656.1628  
Arden Hills, MN 55112  
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) 8-14-22 are \$ 1,535.76.

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

Signature:  Date: 8-14-22

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.