

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n)	(check one): New reg	gistration <u>x</u> Amendment to regi	stration
The organization is for a (check one):			
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			
Chair	Name	Address	Phone
(required)			
Treasurer/ Secretary (required)	Thomas Fabel	1550 Edgewater Ave. Arden Hills, MN 55112	651.636.2423
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/			
Bank Location of Committee Funds	Old National Bank Arc	40 West County Rd E den Hills, MN 55112	763.656.1621
	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) $1-31-23$ are $$2,733.93$.
I, Thomas Fabel, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT. Signature:
ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS

FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.