		\boxtimes	New Registration		Amendme	ent				
1. [2 2. [3. [registration form in Political Committed	nstructions.) Co lee (See regist	(Cities of Bloomingtomplete Items 4-10 are tration form instructions.)	nd 12-13. ns.) Complete ite	ems 4-7, 10, 12		Government ele	ective	offices) (See	
4.	NAME OF COMMITTEE OR FUND: Vote Robert Campaign									
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):									
	2919 3 rd Avenue South, Minneapolis, MN 55408									
6.	E-MAIL ADDRESS: LILLIGRENin6@aol.com									
7.	TELEPHONE OF COMMITTEE OR FUND: 612-825-2237									
8.	Name of Candidate - If Principal Campaign Committee: Robert Lilligren									
	CANDIDATE'S ADDRESS: 2919 3 rd Avenue South, Minneapolis, MN 55408									
Candidate's Phone: 612-825-2237										
9.	OFFICE SOUGHT OR H	OFFICE SOUGHT OR HELD BY CANDIDATE:								
	Bloomington:	☐ Mayor	Council District N	No						
	Minneapolis:	☐ Mayor	Council Ward No	o. <u>6</u>	Library E	Board	Park Boa	rd Di	strict No.	
		☐ Minneapo	lis Special School Dis	strict No. 1	☐ Board of	Estimate	/Taxation			
	Hennepin County:	☐ Attorney	Commissioner D	istrict No.	_	Regio	onal Park Boar	rd Dis	trict No.	
_ 10.	COMMITTEE OFFICERS	: <u>N</u> A	ME	MAILING ADDR	ESS FOR COMMIT	TEE BUSIN	IESS	Рн	ONE	
	Chair: Robert Lilligre	2919 3 rd Aver	nue South, Minr	eapolis,	MN 55408	612	2-825-2237			
	Treasurer: Mary Watson 1815 13th Avenue South, Minneapolis, MN 55404 612-871-7973									
	E-mail address LILLIGRENin6@aol.com									
	Deputy Treasurer (if any):									
11	. ,	• •								
		ASSOCIATIONS SUPPORTING A POLITICAL FUND:								
12.	· · · · · · · · · · · · · · · · · · ·									
12	Address: 1113 E Franklin Ave, Minneapolis, MN 55404 Received by Hennepin County Constitution of the property									
13.	CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains raise information or who knowingly omits required information is guilty of a gross misdemeanor.									
	I, (Print Name) Mary Watson , The Treasurer CERTIFY THAT THE THE THE THE TOTAL OF THE TRUE AND CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public									
	data.	TIS FURM IS (JUMPLETE, TRUE AI	ND COKKECT.	Once submitte	u, ali intol Log _	·~ r		VIII is public	
	MA.	1811 /	1/1500	/	10-06-04	PM-		EL.	. •	
		Signature of Tr	easurer)		(Date)					

FILE WITH: Hennepin County Taxpayer Services Department, A-600 Government Center, Minneapolis, MN 55487-0060 Phone: (612)596-7152