

# REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.
2. ☐ **Political Committee** (See registration form instructions.) Complete items 4-7, 10, 12-13.
3. ☐ **Political Fund** (See registration form instructions.) Complete items 4-7, 10-13.

4. NAME OF COMMITTEE OR FUND: Vote Robert Campaign

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

2919 3<sup>rd</sup> 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<sup>rd</sup> Avenue South, Minneapolis, MN 55408

CANDIDATE'S PHONE: 612-825-2237

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Minneapolis: ☐ Mayor ☒ Council Ward No. 6 ☐ Library Board ☐ Park Board District No. \_\_\_\_\_

☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Commissioner District No. \_\_\_\_\_ ☐ Sheriff ☐ Regional Park Board District No. \_\_\_\_\_

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Robert Lilligren 2919 3<sup>rd</sup> Avenue South, Minneapolis, MN 55408 612-825-2237

Treasurer: Mary Watson 1815 13<sup>th</sup> 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. DEPOSITORY/BANK (Location of Committee Funds): City-County Federal Credit Union

Address: 1113 E Franklin Ave, Minneapolis, MN 55404

13. CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.

I, (Print Name) Mary Watson, The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.

*Mary Watson*  
(Signature of Treasurer)

10-06-04  
(Date)

Log DB ☒  
PM DEL

Received by Hennepin County  
Taxpayer Services  
10-7-04  
JEN MASON

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