

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 _____

Candidate Name (first and last) SUYADA Miranda

Mailing Address of Committee (include city, state, and zipcode) 1360 University ave w Suite 194 Saint Paul MN 55104

Email MirandaforWS@gmail Phone 6512430931

Purpose or Office sought wards city council

Geographic Area _____

Officers of the Committee

Name	Address	Phone
Chair (required) Deebaa Sirdar	2729 Parkview mpls, MN	612-803 7806
Treasurer/ Secretary (required) Christine Nelson	3858 Polk St. NE columbiabights, MN 55421	651-327 0544
Other Principal Officers (if any)		
Other Principal Officers (if any)		

Depository(ies)/ Bank Location of Committee Funds associated bank 202 Snelling ave MN 55104 651-646-8681

Name _____ Address _____ Phone _____

RAMSEY COUNTY

MAY 17 2019

ELECTIONS

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name N/A

Address _____

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) MAY 17, 2019 are \$ 100.

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

Signature: [Handwritten Signature] Date: MAY 17, 19

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.