

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n)	(check one): X N	ew registration Amendment to regi	stration	
The organization is for a (check one): X Candidate Committee Political Committee Political Fund				
Committee Name	Miki Frost for Saint Pau	l Mayor		
Candidate Name	(first and last) Miki Frost			
Mailing Address of Committee				
(include city, state, and zipcode) 175 Lexington Parkway North, Saint Paul, MN 55104				
Email connect@mikifrostformayor.com Phone 651-417-7511				
Purpose or Office sought Saint Paul Mayor				
Geographic Area City of Saint Paul				
Officers of the Committee				
Name		Address	Phone	
Chair (required)	Darryl Spence & Lisa Clemons	783 Fuller Avenue, Saint Paul, MN 55105 3451 Cedar Avenue South, Minneapolis, MN 55407	612-724-7457	
Treasurer/ Secretary (required)	Stefanie Morgan	125 McNight Road #J, Saint Paul, MN 55119	651-417-7511	
Other Principal Officers (if any)				
Other Principal Officers (if any)				
Depository(ies)/ Bank Location of Committee Fund	S US Bank	1071 Grand Avenue Saint Paul, MN 55105	651-229-6123 Phone	
	Name	Address	THORE	

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name N/A	
Address N/A	
Office sought	
Party Affiliation	
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THIS SECTION TO BE COMPLETED BY ALL CO	OMMITTEES
Liquid assets on hand as of (date) 8/10/2021	1 are \$_0
I, Miki Frost COMPLETE, TRUE, AND CORRECT.	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
Signature:	Date: 8/10/2021
ANY PERSON WHO SIGNS AND CERTIFIES TO	O BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS

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