

**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 Langenfeld For Mayor Election Campaign

Candidate Name (first and last) Paul Langenfeld

Mailing Address of Committee (include city, state, and zip code) PO Box 503, St. Paul, MN 55116

Email LangenfeldForMayor@gmail.com Phone 651-491-8410

Purpose or Office sought St. Paul Mayor

Geographic Area St. Paul

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Paul Langenfeld	875 Lexington Pkwy. S.	651-491-8410
Treasurer/Secretary (required)	Paul Langenfeld	875 Lexington Pkwy S.	651-491-8410
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds TCF Bank, 2163 Ford Pkwy, St Paul, MN 55116 612-460-4674

**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) \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) 8/5/21 are \$ 86,123.

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

Signature: Paul Haysenfeld Date: 8/5/21

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.