

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New reg		gistration <u>x</u> Amendment to regi	istration	
The organization is for a (check one): Candidate Committee Political Committee Political Fund				
Committee Name SPARK Saint Paul				
Candidate Name	(first and last)			
Mailing Address (include city, state	of Committee e, and zipcode) <u>PO Box 4232, S</u>	Aint Paul, MN 55104		
Email info@sparksaintpaul.org		Phone 612-300-0817		
Purpose or Office sought Early Learning and Care Funding				
Geographic Area City of Saint Paul				
Officers of the Committee				
	Name	Address	Phone	
Chair (required)	Maria Snider	7721 103rd Ave N, Brooklyn Park, MN 55445	612-221-8910	
Treasurer/ Secretary (required)	Mara Novillo	1892 Grand Ave, Apt 4, Saint Paul, MN 55105	651-900-2302	
Other Principal Officers (if any)	Daniel Cox	1382 Edmund Ave, Saint Paul, MN 55104	612-300-0817	
Other Principal Officers (if any)	Rebecca Noecker	14 Robie Street W, Saint Paul, MN 55107	651-500-1059	
Depository(ies)/ Bank Location of Committee Funds	Suprise Bank MN	0 Universitgy Ave W, Suite 100, Saint Paul, N 55103	651-265-5600 Phone	

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)	
THIS SECTION TO BE COMPLETED BY ALL CO	OMMITTEES
Liquid assets on hand as of (date) $\frac{10/13/202}{10/13/202}$	are \$ <u>2,631.21</u> .
I, _Daniel Anton Cox	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	
Signature: Daniel Anton Cox	Date: 10/13/2022

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.