

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n)	(check one): X New re	egistration Amendment to reg	gistration	
The organization is for a (check one):				
Committee Name	St. Paul Neighbors for Saura	ı		
Candidate Name	(first and last) Saura Jost			
Mailing Address of (include city, state	of Committee e, and zipcode) PO Box 16585	Saint Paul, MN 55116		
Email saurajostforward3@gmail.com Phone 612-389-0364				
Purpose or Office sought St. Paul City Council				
Geographic Area Ward 3				
Officers of the Committee				
	Name	Address	Phone	
Chair (required)	Kensey Lipstreuer	1801 Randolph Ave. St. Paul, MN 55105	512-698-8746	
Treasurer/ Secretary (required)	Emma Olson	1262 Sherburne Ave Saint Paul, MN 55104	612-824-5930	
Other Principal Officers (if any)				
Other Principal Officers (if any)				
Depository(ies)/ Bank Location of	1827 Grand Ave Saint Paul MN 55105 Wells Fargo 651-205-5480			
Committee Funds	Name	Address	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 C	OMMITTEES
Liquid assets on hand as of (date)01/05/202	23 are \$13,001.08
, Saura Jost	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	
Signature: Sandletst	Date: 01/05/2023

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.