

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n)	(check one): X New re	gistration Amendment to reg	istration
The organization	is for a (check one): X Candida	te Committee Political Committ	ee Political Fund
Committee Name Campaign Fund of Paula Mielke			
Candidate Name (first and last) Paula Mielke			
Mailing Address of Committee (include city, state, and zipcode) 1506 Crawford Ave., Falcon Heights, MN 55113			
Email paula.mielke@comcast.net Phone 651-492-4143			
Purpose or Office sought City Council			
Geographic Area Falcon Heights			
Officers of the Committee			
	Name		Phone
Chair (required)	Paula Mielke	1506 Crawford Ave. Falcon Heights, MN 55113	651-492-4143
Treasurer/ Secretary (required)	Paula Mielke	1506 Crawford Ave. Falcon Heights, MN 55113	651-492-4143
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of	LIC Book Ro	90 N. Snelling Ave. oseville, MN 55113	651-636-8300
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 COMMITTEES				
Liquid assets on hand as of (date) Sept. 28, 2023 are \$_18.47 are \$				
I, Paula Mielke CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS				
COMPLETE, TRUE, AND CORRECT.				
Signature: Jaula Milke Date: 9/28/23				

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.