

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 SP Historic Preservation

Candidate Name (first and last) _____

Mailing Address of Committee (include city, state, and zipcode) 291-7th St. W Apt. 906 St. Paul, 55102

Email paul_hardt@yahoo.com Phone 651-529-4071

Purpose or Office sought Support candidates who support historic preservation

Geographic Area City of St. Paul

Officers of the Committee

| | Name | Address | Phone |
|-----------------------------------|------------------|---|--------------|
| Chair (required) | Paul Hardt | 291-7 th St. W Apt. 906 St. Paul 55102 | 651-529-4071 |
| Treasurer/ Secretary (required) | SP // | // | // |
| Other Principal Officers (if any) | | | |
| Other Principal Officers (if any) | | | |

Depository(ies)/ Bank Location of Committee Funds Sunrise Banks 200 University Ave. St. Paul 55103 651-265-5600
 Name Address Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name SP Historic Preservation

Address 291 7th St. W Apt. 304 St. Paul, MN 55102

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 2/24/2023 are \$ 0.

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

Signature: Paul Harvett Date: 2/24/2023

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.