

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(r) (check one): X New re	egistration Amendment to re	gistration
The organization	is for a (check one): Candid	ate Committee X Political Commi	ttee Political Fund
Committee Nam	e Vote YES for St. Paul		
Candidate Name	(first and last)		
Mailing Address (include city, state	of Committee te, and zipcode) PO Box 7361, s	St. Paul, MN 55107	
Email campaig	n@voteyesforstpaul.org	Phone (651) 321-82	27
Purpose or Office	e sought Supporting a vote YES	S campaign	
Geographic Area	City of St. Paul		
Officers of the C	ommittee		
	Name	Address	Phone
Chair (required)	Kathy Lantry	PO Box 7361 St. Paul, MN 55107	(651) 321-8227
Treasurer/ Secretary (required)	Mike Hahm	PO Box 7361 St. Paul, MN 55107	(651) 321-8227
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of	144 E. 11th St., St. Paul, MN 55101 City & County Credit Union (651) 225-2700		
Committee Funds	S City & County Credit Union 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) _July 25, 2023 are \$ are
CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
Signature: Date: July 25, 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 MISDEMFANOR