

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

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This report is a(n) (check one):	New registration	Amendment to reg	istration	
The organization is for a (check one): V Candidate Committee Political Committee Political Fund					
Committee Name	- Moving F	orward in A	New Dire	ection: Clara	
Candidate Name	(first and last)	Yara Ware)		
Mailing Address (include city, stat	of Committee e, and zipcode) <u>)</u>	196 Wilson H	Ave Saint	-Peul,mnss10	
Email Clar	a warefe	orcity Council p	hone (651)57	8-35d1	
Purpose or Office sought & City Council Phone (651) 578-3501					
Geographic Area Ward 7					
Officers of the Co	ommittee				
	Name	Address		Phone	
Chair (required)	Clara Was		Wilson Ave Paulinn 55104	(le51) 528- 3507	
Treasurer/ Secretary (required)	Clara wa		rilson Aue Paul, mn	(651)528- 3507	
Other Principal Officers (if any)			100		
Other Principal Officers (if any)					
Depository(ies)/ Bank Location of Committee Fund	115 12	L 1959 BUV Address S	n Ave (Co Saint-Paut, Mn,55119	<u>51) 731 - 721</u> 9 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)
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THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) are \$
I, <u>Claia. D. Weil</u> certify that the information contained on this form is complete, true, and correct.
Signature: <u>Claua, O. Warl</u> Date: <u>4/18/2023</u>

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.