

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 Neighbors for Cristen

Candidate Name (first and last) Cristen Incitti

Mailing Address of Committee
(include city, state, and zipcode) 1985 Laurel Ave, Saint Paul, MN 55104

Email cpincitti@gmail.com Phone 414-736-7699

Purpose or Office sought Saint Paul City Council, Ward 4

Geographic Area Ward 4

Officers of the Committee

	Name	Address	Phone
Chair (required)	Trista Martinson	1353 Maywood Street N Saint Paul, MN 55117	612-845-7036
Treasurer/ Secretary (required)	Kate Barr	1843 Ashland Ave Saint Paul, MN 55104	612-963-1515
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds Blaze Credit Union 1880 Perimeter Dr, Roseville, MN 55113 651-215-3500

Name Address Phone

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

Candidate Name or Party Name _____

Address _____

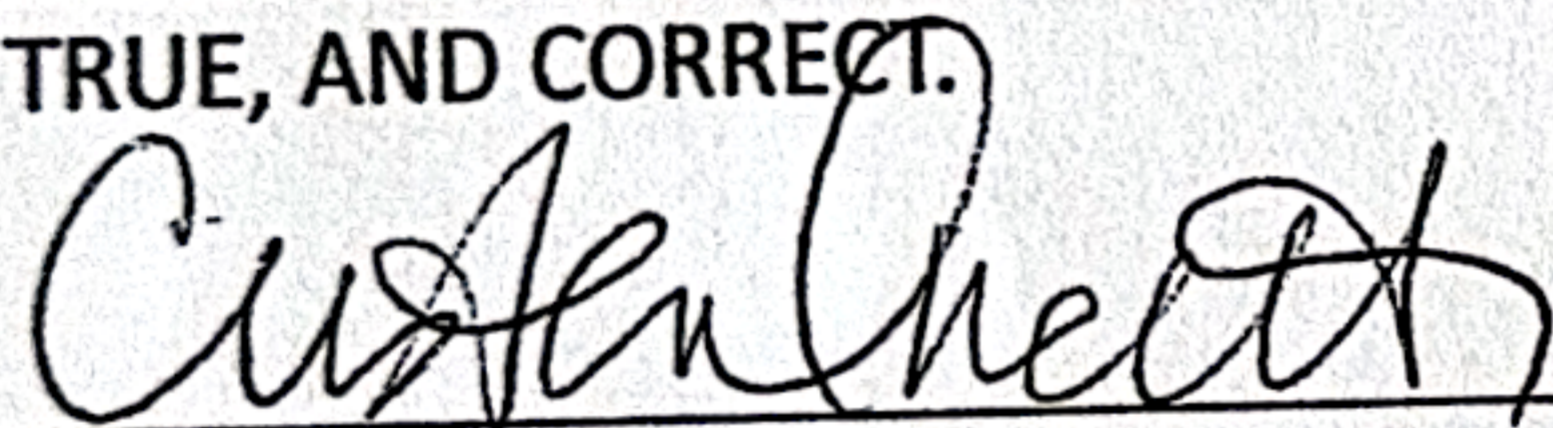
Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) February 18, 2025 are \$ 0.00.

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

Signature:  Date: February 18, 2025

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.