

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 the committee to elect Rashad Turner

Candidate Name (first and last) Rashad Turner

Mailing Address of Committee (include city, state, and zipcode) 616 Selby Ave #302 St. Paul MN 55105

Email RashadaTurner@gmail.com Phone 651-410-0909

Purpose or Office sought St. Paul public Schods Board of Education

Geographic Area St. Paul, MN Ramsey County

Officers of the Committee

	Name	Address	Phone
Chair (required)	Branden Turner	6125 65th Ave NW Brooklyn Park MN 55429	651-703-3241
Treasurer/ Secretary (required)	Carlin Fierst	616 Selby Ave #302 St. Paul MN 55105	651-357-4362
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds Safe 616 Selby Ave #302 St. Paul MN 55105 651-357-4362

Name Address Phone

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

Candidate Name or Party Name Rashad Turner

Address 616 Selby Ave #302 St Paul MN 55105

Office sought by candidate St Paul Public Schools Board of Education

Party Affiliation (if any) NONE

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 10/26/15 are \$ 25.00

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

Signature:  Date: 10/26/15

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.