

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 Fearing4SPPS

Candidate Name (first and last) Tiffany Fearing

Mailing Address of Committee
(include city, state, and zipcode) 439 St. Clair Ave St. Paul, MN 55102

Email Fearing4Spps@gmail.com Phone 651-434-7134

Purpose or Office sought School Board

Geographic Area St. Paul

Officers of the Committee

	Name	Address	Phone
Chair (required)	Tiffany Fearing	439 St. Clair Ave St. Paul MN, 55102	651-434-7134
Treasurer/ Secretary (required)	Tiffany Fearing	439 St. Clair Ave St. Paul MN 55102	651-434-7134
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds Wings Financial 1801 7th Street W. 952-997-8000
Name Address Phone

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

Candidate Name or Party Name Tiffany Feaning

Address 439 St. Clair Ave St. Paul MN 55102

Office sought by candidate School Board

Party Affiliation (if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 8/9/19 are \$ 0.

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

Signature:  Date: 8/9/19

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.