

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(r	n) (check one):	\angle New registration $\ _$	Amendment to registra	tion		
The organization	n is for a (check one): $\ _$	Candidate Committee	Political Committee	Political Fund		
Committee Name MCPhocsons for SPPS						
Candidate Name (first and last) Janifer McPhacson						
Mailing Address of Committee (include city, state, and zipcode) 957 Westminster St.						
Email Janbras Mactivist. Com Phone 651-428-1614						
Purpose or Office sought St. Paul School board						
Geographic Area St. Paul						
Officers of the Committee Name Address Phone						
Chair (required)	Jennifer Ma	Rherson				
Treasurer/ Secretary (required)	Jonnifer McF	herson				
Other Principal Officers (if any)						
Other Principal Officers (if any)						
Depository(ies)/ Bank Location of						
Committee Funds	Name	Address	Pho	one		

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought by candidate
by candidate
Party Affiliation (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) are \$
I,CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.
Signature: Date: 3-8-19
Je wood of the same

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.



CITY OF SAINT PAUL CAMPAIGN FINANCE REPORT FORM

(All data on this form is public information)

Committee Name McPharson for SPPS	
Type of organization: Candidate Committee Political Committee	ical Fund
Office sought/Purpose of committee St. Paul School board	
Type of report: Note	committee ce Board
Reporting period: From to (Day following end date of last report) (5 days prior to due date OR Dece	
(Day following end date of last report) (5 days prior to due date OR Dece report)	emper 31 it January
Summary Statement to Date (In column B, enter totals from column C from previous report.) A. Totals for this report B. Cumulative Totals to Date from previous report C. Cumulative Totals to Date from previous report	
1. Total contributions under \$50 \$ + \$ = \$	
2. Total contributions equal to/ greater than \$50	
3. Expenditures \$ + \$ = \$	=
Account Balance \$(as of report end date) (Column C: 1+2-3 = balance)	_
Itemization of Contributions Itemize all contributions made by an individual or committee that are equal to or greater than \$50 in the aggregate include: date, name, address, employer or occupation if self-employed, and amount. Attach separate sheet or Excellent	
Itemization of Expenditures Itemize all expenditures. Itemization must include: date, purpose, and amount. Attach separate sheet or Excel spre	eadsheet.
Depository(ies)/Bank Location of Committee Funds	
Signature of candidate, secretary, or treasurersecretary.	
Printed Name Jennifer McPhorson Email Jenbrownactivis	st.com_
Address Phone	