

## **REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n)	(check one):	X New registration	Amendment to registration	on	
The organization is for a (check one): X Candidate Committee Political Committee Political Fund					
Committee Name _ Jamila for Students					
Candidate Name (first and last) Jamila Mame					
Mailing Address of Committee (include city, state, and zipcode) 172 6th St. E, Saint Paul, MN 55101					
Email_jamilaforstudents@gmail.com Phone (651) 270-6050					
Purpose or Office sought Saint Paul School Board					
Geographic Area City of Saint Paul					
Officers of the Committee					
	Name	Address	Phone	<u>.</u>	
Chair (required)	Chauntyll Allen	1358 Edmund Ave Saint Paul, MN 551			
Treasurer/ Secretary (required)	Joelle Stangler	530 Kent St Saint Paul, MN 551	03		
Other Principal Officers (if any)					
Other Principal Officers (if any)					
Depository(ies)/ Bank Location of Committee Funds	Sunrise Banks	200 University Ave W,	St Paul, MN 55103 (651)	265-5600	
Committee Funds	Name	Address	Phon		

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name N/A	
,	
Address N/A	
Office sought by candidate	
Party Affiliation (if any)  N/A	
THIS SECTION TO BE COMPLETED BY ALL CO	DMMITTEES
Liquid assets on hand as of (date) 9/1/2020	are \$_ <sup>350</sup>
Jamila Mame	CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.	_
Signature: Jamila Mame  OF DOCUSION BY:  Jamila Mame  OF DOCUSION BY:	

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.