## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is $a(n)$ (check one): $\quad X \quad$ New registration ___ Amendment to registration The organization is for $\operatorname{a}$ (check one): $\quad \mathrm{X}$ 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 |
| :--- |
| Chair <br> (required) Chauntyll Allen 1358 Edmund Ave W <br> Saint Paul, MN 55104  <br> Treasurer/ <br> Secretary <br> (required) Joelle Stangler 530 Kent St <br> Saint Paul, MN 55103  <br> Other Principal <br> Officers <br> (if any)    <br> Other Principal <br> Officers <br> (if any)    |
| Depository(ies)/ <br> Bank Location of <br> Committee Funds Sunrise Banks <br> Name |

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
N/A
by candidate
Party Affiliation
(if any)

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $\qquad$ are \$ 350

I, Jamila Mame CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.
$\qquad$ Date: $\qquad$

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.

