

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n	(check one): X New re	gistration Amendment to reg	istration
The organization is for a (check one): X Candidate Committee Political Committee Political Fund			
Committee Name	Neighbors for Coleman		
Candidate Name	(first and last) Molly Coleman		
Mailing Address of Committee (include city, state, and zipcode) P.O. Box 8092, Saint Paul, MN 55108			
Email molly@n	eighborsforcoleman.com	Phone 6514853881	
Purpose or Office	sought Saint Paul City Counci	l	
Geographic Area	Ward Four		
Officers of the Co	ommittee		
•	Name	Address	Phone
Chair (required)	Erica Schumacher	2205 Dudley Avenue Saint Paul, MN 55108	651.343.0400
Treasurer/ Secretary (required)	Joanne Spencer	1187 Raymond Avenue Saint Paul, MN 55108	651.333.5784
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds	Sunrise Banks S	300 Como Avenue aint Paul, MN 55108	651.265.5600 Phone
	Name	Address	FIIOHE

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought by candidate
by carididate
Party Affiliation (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $02/12/2025$ are $$3,864.58$
I, Joanne Spencer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.
Signature: Date: 2/13/25

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.