

Depository(ies)/Bank

Funds

Location of Committee

Name:

REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information) Revised



Phone Number:

This report is a(n) (check one):New RegistrationAmendment				
The organization is for a (check one): CandidatePolitical CommitteeOffice Holder				
(Please Print or Type	e)			
Name of Committee:				
Kevin Hu	repenbecker for Sc	theel Board		
Mailing Address of Committee (include city state & zip code)			Phone Number:	
1465 Hamline Ave IV #1			612-636-1435	
$\frac{S+ F_a }{Purpose}$ or Office	177 33108		1	
St. Paul	School Board			
Geographic Area				
Officers of Com	mittee			
Officer	Name	Address		Phone Number
Chair:	Kevin Huepenbecker	1460 Hamline Au 5+ Paul, MN S	N =1 5104	(12-636-1435
Co-Chair (if any)		,		
Treasurer	Jennette Gudgel	SIS Lexington Phony S St Paul, MN SSIIG		651-679-1937
Deputy Treasurer (If any)				
Other Principal Officers (If any)				
Other Principal Officers (If any)				
Custodian of Books	Name:	Address:		Phone Number:
Depository(les)/Ba Location of Comm Funds		Address: 3899 Silver St Anthony, MN	Inki RJ 55421	Phone Number:

Address:

This section for Political Committees Only Candidate or Party Supported by Political Committee Candidate or Office Party Affiliation (If any) Party Name Address Is the committee a continuing one? (Check appropriate response) This Section is To Be Completed By All Committees Liquid assets on hand as of (date) Sept 12,2011 are \$ 92.04 I, Kavin Huganbacker, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name) COMPLETE, TRUE AND CORRECT. Date: _9/12/11

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.

Treasurer, Candidate or Office Holder