

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

This report is a(n) (ch	eck one): _XNew Registration	Amendment		
The organization is for a (check one): X Candidate Political Committee Office Holder				
(Please Print or Type)				
Name of Committee:	Chue Vue for School	Board		
	nmittee (include city state & zip code)		Phone Number:	
500 Grotto Street N. Suite 3			651-283-7090	
54. Pau	11, MN 55104			
Purpose or Office City ele	ction, school board			
Geographic Area		- Agenta - A		
	Paul			
Officers of Comm	nittee			
Officer	Name	Address	Phone Number	
Chair:	Mona Wang-Yu Vu	6434 Royal Pines Lino Lakes, MN	PL 651-775- 2299	
Co-Chair (If any)				
		5390 156th lane	NW 612-720-	
Treasurer	Ger Vue	Ramsey, MN 553	03 0319	
Deputy Treasurer (If any)				
Other Principal Officers (If any)				
Other Principal Officers (If any)				
Custodian of	Name:	Address: 5390 156th Lane	NW Phone Number:	
Books	Gen Vue	Ramsey, MN 55		
Denosites/issVD1	Nama	* -		
Depository(ies)/Bank Location of Committ		Address: 459 Lexington Pa	Phone Number: 612-460-	
Funds	C Name:	St. Paul, MN 5510 Address:	4 4643	
Depository(ies)/Bank Location of Committ Funds	•	Address.	Phone Number:	

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or		0.55	Data ASSIL Carroll
Chue	/ue St. paul, Mr 55	Office School boa	Party Affiliation (If any)
	a continuing one? (Check appropriate res	ponse)Yes	X _No
	to Be Completed By All Committees hand as of (date) 4/3//	3 are \$ 124	10 °
	Vue CERTIFY T		
COMPLETE, TR	UE AND CORRECT.		
Signature:	Treasurer, Candidate or Office Holder		Date: 4/3/13

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.