



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New Registration Amendment

The organization is for a (check one): Candidate Political Committee Office Holder

(Please Print or Type)

Name of Committee: White BEar Lake Educators for Excellence	
Mailing Address of Committee (include city state & zip code) 4855 Bloom Ave. White Bear Lake, MN 55110	Phone Number: 651.270.8061
Purpose or Office Local School District #624 School Board Election	
Geographic Area ISD #624	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Michael McKenzie	509 Lake Ave Birchwood, MN 55110	429-0353
Co-Chair (If any)			
Treasurer	Michael McKenzie		
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: North Star State Bank	Address: 4661 Hwy 61 White Bear Lake	Phone Number: 429-5431
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (if any)
Don Mullin	3847 E. Co. Line Rd. WBL, 55110	School Board	--
George Kimball	3261 Glen Oaks Ave, WBL 55110	School Board	--
Janet Newberg	5603 Jenny Ln. WBL 55110	School Board	--


Is the committee a continuing one? (Check appropriate response) _____ Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 9-1-13 are \$ 900.00.

I, Michael McKenzie, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 9-1-13

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.