

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

This report is a(n) (check one): X New Registration Amendment							
The organization is for a (check one): X Candidate			Political Committee	Office Holder			
(Please Print or Type)							
Name of Committee: Jon Schumacher for Our Kids and Community							
Mailing Address of Con	nmittee (include city stat	e & zip code) 2318			nber: 651-646-3335		
St. Paul, MN 55108							
Purpose or Office Saint Paul Board of Education							
Geographic Area St. Paul District #625							
Officers of Committee							
Officer	Name		Address		Phone Number		
Chair:							
Co-Chair (If any)							
Treasurer	Audrey E	stebo	2318 Commonwealth Avenue St. Paul, MN 55108		651-646-3335		
Deputy Treasurer (If any)							
Other Principal Officers (If any)							
Other Principal Officers (If any)							
Custodian of	Name:		Address:		Phone Number:		
Books	Audrey Estek	00	2219 Commonwoolth Avo		651-646-3335		
Depository(ies)/Bank Name: Address: Phone Number:							
Location of Committee		anks, N.A.	200 University Av St. Paul, MN 551		651-265-5600		
Depository(ies)/Bank Location of Committe Funds			Address:		Phone Number:		

This section for Political Committees Only Candidate or Party Supported by Political Committee

Candidate or		1			
Party Name	Address	Office	Party Affiliation (If any)		
Is the committee a continuing one? (Check appropriate response) YesNo					
This Section is To Be Completed By All Committees					
Liquid assets on hand as of (date) <u>12/24/14</u> are \$ <u>4000.00</u> .					
I, <u>Audrey L. Estebo</u> , CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name)					
COMPLETE, TRUE AND	CORRECT.				
Signature:	My (Sub) r, Çandidate or Office Holder	Date: _	12/24/14		

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.