



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public Information)

This report is a(n) (check one): X Ne	w registration Amendment to re	gistration	
The organization	n is for a (check one): X Can	didate Committee Political Commi	ttee Political Fund	
Committee Name GREG COPELAND FOR SCHOOL BOARD				
Candidate Name (first and last) GREG COPELAND				
Mailing Address of Committee (include city, state, and zipcode) 612 COOK AVEUE EAST				
Email gregcopeland@centurylink.net Phone 651776-7894				
Purpose or Office soughtst. Paul School Board				
Geographic Areacity of St, Paul				
Officers of the Committee				
1	Name	Address	Phone	
Chair (required)	Greg Copeland	612 Cook Avenue Hast St. Paul EE 55139-3837	651-776-7394	
Treasurer/ Secretary (required)	Georgia Dietz none	1883 Dorothea Auenue St. Paul MN 55116	551-699-4457	
Other Principal Officers (if any)	none			
Other Principal Officers (if any)				
Depository(ies)/ Bank Location of Committee Funds		ayne Avonue St. Paul NN		
	Name	Address	Phone .	

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name	
Address	
Office sought by candidate	
Party Affiliation (if any)	
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES	50
Liquid assets on hand as of (date) October 19, 20 ate \$ 1,000	
I, Greg Copeland CERTIFY THAT THE INFORMATION CONTAINED ON THIS FOR	RM IS
COMPLETE, TRUE, AND CORRECT.	
Signature: Useg Corpetant Date: 10/19/2013	5
ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAIN	NS

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.