



**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)

<b>Name of Committee:</b> Friends for Pachua Vang for School Board	
<b>Mailing Address of Committee (include city state &amp; zip code)</b> 470 English St. St. Paul, MN 55106	<b>Phone Number:</b> 651-276-9489
<b>Purpose or Office</b> St. Paul School Board	
<b>Geographic Area</b> City of St. Paul	

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair:	Amee Xiong	659 Blair Ave.	651-332-6799
Co-Chair (If any)	Khamsai Yang		
Treasurer	Amee Xiong		
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

<b>Custodian of Books</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
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<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b> TCF Bank	<b>Address:</b> 1177 Clarence St.	<b>Phone Number:</b> 1-800-823-2265
<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>

**This section for Political Committees Only**

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)

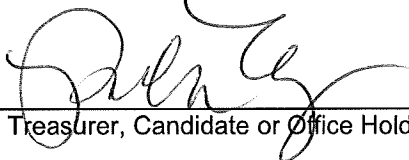
Is the committee a continuing one? (Check appropriate response)  Yes  No

**This Section is To Be Completed By All Committees**

Liquid assets on hand as of (date) 03/24/15 are \$ 2350.00.

I, Pa Chua Vang, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS  
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 3/6/15

**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.**