

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

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

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

Committee Name Vote Cindy Kerr

Candidate Name (first and last) Cindy Kerr

Mailing Address of Committee
(include city, state, and zipcode) 619 Saratoga St S, St Paul, MN 55116

Email votecindykerr@gmail.com Phone 651-699-1196

Purpose or Office sought School Board for District 625

Geographic Area St Paul School District 625

Officers of the Committee

	Name	Address	Phone
Chair (required)	Cindy Kerr	619 Saratoga St S St Paul, MN 55116	651-699-1196
Treasurer/ Secretary (required)	Cindy Kerr	619 Saratoga St S St Paul, MN 55116	651-699-1196
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds

Wells Fargo 2145 Ford Pkwy
St Paul, MN 55116 651-205-5550

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

Liquid assets on hand as of (date) 9/1/16 are \$ 88.25.

I, Cynthia Kerr CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: *Cynthia Kerr* Date: 9/1/16

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.