

**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 FRIENDS OF REBECCA NOECKER

Candidate Name (first and last) REBECCA NOECKER

Mailing Address of Committee  
(include city, state, and zipcode) PO BOX 4756, ST. PAUL, MN 55101

Email rebeccaforsaintpaul@gmail.com Phone 651-341-9311

Purpose or Office sought WARD 2 CITY COUNCIL

Geographic Area WARD 2

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	BETSY REVEAL	534 Superior St. St. Paul, MN 55102	202-250-4746
Treasurer/Secretary (required)	TAINA MAKI	1143 Mailean Ave. St. Paul, MN 55106	612-730-0215
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/  
Bank Location of  
Committee Funds WESTERN BANK 663 University Ave, St. Paul, MN 55104 651-290-8100

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) 8/11/19 are \$ 48,050.82.

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

Signature: Rebecca S. Noecker Date: 8/22/19

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.