

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 Committee to Elect Jon VanOeveren for 621

Candidate Name (first and last) Jon VanOeveren

Mailing Address of Committee
(include city, state, and zipcode) 4101 Victoria St N, Shoreview, MN, 55126

Email jonvanoeveren@gmail.com Phone 651-368-6839

Purpose or Office sought ISD 621 Mounds View Public School Board

Geographic Area Mounds View Public School District

Officers of the Committee

	Name	Address	Phone
Chair (required)	Jon VanOeveren	4101 Victoria St N Shoreview, MN 55126	651-368-6839
Treasurer/ Secretary (required)	Jon VanOeveren	4101 Victoria St N Shoreview, MN 55126	651-368-6839
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds City & County Credit Union 114 11th Street East St. Paul, MN 55101-2380 651-225-2700

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) 9/21/21 are \$ 1000.

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

Signature:  _____ Date: 9/21/21

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.