



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

RECEIVED
FEB 09 2007
RAMSEY COUNTY
ELECTIONS

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)

Name of Committee: <i>Kevin Riach for School Board</i>	
Mailing Address of Committee (include city state & zip code) <i>579 Laurel Ave. St. Paul, MN 55102</i>	Phone Number: <i>(651)494-2530</i>
Purpose or Office <i>Saint Paul School Board</i>	
Geographic Area	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Kevin Riach</i>	<i>579 Laurel Ave. Saint Paul, MN 55102</i>	<i>(651)494-2530</i>
Co-Chair (If any)			
Treasurer	<i>Laura Mogelson</i>		<i>(612)788-0987</i>
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:
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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) _____ are \$ 0.

I, Kevin Riach, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 2/8/07

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.