

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)

Name of Committee:

Seeba for School Board

Mailing Address of Committee (include city state & zip code)

1399 Sheldon St. St. Paul, MN 55108

Phone Number:

651-603-8743

Purpose or Office

Saint Paul School Board

Geographic Area

Saint Paul

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Paul Seeba	1399 Sheldon St. Saint Paul, MN 55108	651-603-8743
Co-Chair (If any)			
Treasurer	Darcy LaPenta	1739 Valeriz Lane New Brighton, MN 55112	651-638-9522
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: Same as Treasurer	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: People's Bank of Commerce	Address: 43 East Kellogg Blvd. St. Paul, MN 55101	Phone Number: 651-241-5772
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)
Louise Toscano Seebach	1399 Sheldon St., St. Paul 55108	School Board	

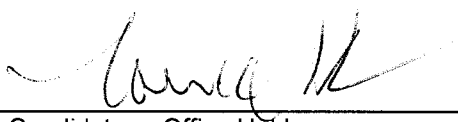
Is the committee a continuing one? (Check appropriate response) ☒ Yes ☐ No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 1-21-11 are \$ 1200

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 1-21-11

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.