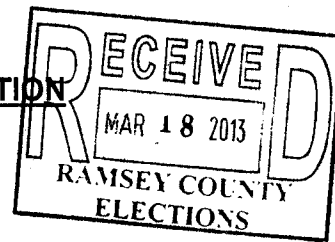




REGISTRATION AND STATEMENT OF ORGANIZATION

(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: The Lechowich Campaign Committee	
Mailing Address of Committee (include city state & zip code) 24 East Sandra Lee Drive St. Paul MN 55119	Phone Number: 651-274-2521
Purpose or Office St. Paul Public Schools - Board of Education	
Geographic Area St. Paul (Independent School District 625)	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Becky Ahlbrecht	24 East Sandra Lee Drive St. Paul, MN 55119	
Co-Chair (if any)			
Treasurer	David Lee	3840 Minnehaha Ave. Minneapolis, MN 55406	612-327-6075
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name: Becky Ahlbrecht	Address: 24 East Sandra Lee Drive St. Paul MN 55119	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: TCF National Bank	Address: 1988 Suburban Ave. St. Paul MN 55119	Phone Number: 1-800-823-2265
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)

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) 3/12/2013 are \$ 1000.00

I, David W. Lee, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)
COMPLETE, TRUE AND CORRECT.

Signature: David W. Lee
Treasurer, Candidate or Office Holder

Date: 3/12/2013

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.