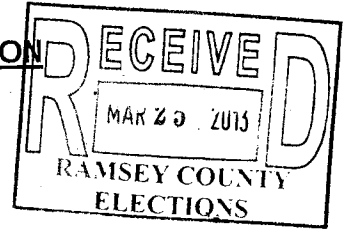


REGISTRATION AND STATEMENT OF ORGANIZATION

(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:
Ortega for School Board

Mailing Address of Committee (include city state & zip code): *204 W. Congress St., St Paul, MN 55107* Phone Number: *651-248-3861*

Purpose or Office:
Campaign headquarter for school board post.

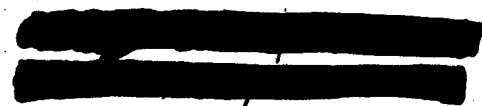
Geographic Area:
St. Paul

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Raymond Kidd</i>	<i>751 Lyndale Pl., Dupls, MN</i>	<i>612-310-9967</i>
Co-Chair (If any)			
Treasurer	<i>Aida Tosca</i>	<i>445 96th Ave NE, Blain MN</i>	<i>651-201-7345</i>
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: <i>Aida Tosca</i>	Address: <i>item</i>	Phone Number: <i>item</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Bremer Bank</i>	Address: <i>372 St Peter St., St. Paul, MN</i>	Phone Number: <i>651-726-6600</i>
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)

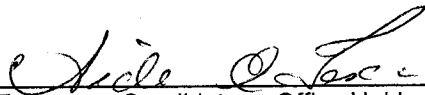
Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 3/25/2013 are \$ 0-

I, Aida E. Tosca, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 3/25/13

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.