



**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)

<b>Name of Committee:</b>  Commitment to Community	
<b>Mailing Address of Committee (include city state &amp; zip code)</b>  649 Heinel Dr., Roseville, MN 55113	<b>Phone Number:</b>  651-483-1811
<b>Purpose or Office</b>  VOTE YES for Dist. 623 school levy referendum	
<b>Geographic Area</b>  Roseville Area Schools Dist. # 623	

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair:	Mindy Greiling	2495 Marion St. Roseville, MN 55113	651-490-0013
Co-Chair (If any)	Anne Haugen Ed Nodder	1161 Oakcrest Ave, Roseville, MN 1083 Shryer AVE N., Roseville	651-484-3856 651-488-1649
Treasurer	Mary Jane Spartz	649 Heinel Dr Roseville, MN 55113	651-483-1811
Deputy Treasurer (If any)	Matt Sandeen	990 Lydia Dr. Roseville, MN 55113	651-481-1108
Other Principal Officers (If any)			
Other Principal Officers (If any)			

<b>Custodian of Books</b>	<b>Name:</b> Mary Jane Spartz	<b>Address:</b> 649 Heinel Dr Roseville, MN 55113	<b>Phone Number:</b> 651-483-1811
---------------------------	----------------------------------	---	--------------------------------------

<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b> Community Resource Bank of Roseville	<b>Address:</b> 1501 W. Co. Rd. 2 Roseville, MN 55113	<b>Phone Number:</b> 651-631-1040
<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>

**This section for Political Committees Only**

*N/A*

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) 10/2/13 are \$ 3,034.41

I, MARY JANE SPARTZ, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS  
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: Mary Jane Spartz  
Treasurer, Candidate or Office Holder

Date: 10/2/13

**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.**