

REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information)

This report is a(n) (c	heck one):New Registration	Amendment		
The organization is fo	or a (check one):Candidate	ePolitical Committee	Coffice Holder	
(Please Print or Type	2)			
Name of Committee:			,	
ROE F	or rosemut			
Mailing Address of Committee (include city state & zip code)		P	Phone Number:	
2100 +	HVON ST N		651-487-9654	
Purpose or Office	JULE MN 55113			
MAYOR				
Geographic Area				
ROSE	OILLE MN			
			я .	
Officers of Com	mittee		* 1	
Officer	Name	Address	Phone Number	
Chair:	DAN ROE	ROSEVILLE MN S	5113 651.487-9654	
Co-Chair (If any)				
Treasurer	REBECCA ROB	1225 WESTMINSTER S ST PAUL MN SS	01 17 TK 7 A/G	
Deputy Treasurer (If any)				
Other Principal Officers (If any)				
Other Principal Officers (If any)				
Custodian of Books	Name:	Address:	Phone Number:	
Depository(ies)/Bar Location of Commit Funds	Itee NORTH STAR BANK	Address: 1820 N LEXINGTON O	5113 651-487-8811	
Depository(ies)/Bar Location of Commit Funds		Address:	Phone Number:	

<u>This section for Political Committees Only</u> Candidate or Party Supported by Political Committee

, , , ,			
Candidate or Party Name	Address	Office	Party Affiliation (If any)
8	5		
,	ompleted By All Committees	YesN	
Liquid assets on hand as	of (date) 8 1 14	_are \$ 157, 88	
I, Print or type name)	CERTIFY THAT THE	INFORMATION CONTAINE	ED ON THIS FORM IS
COMPLETE, TRUE AND	CORRECT.		
Signature:Treasurer	, Candidate or Office Holder	Date: _	8-1-14

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.