

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): X New re	gistration Amendment to reg	gistration
The organization	is for a (check one): X Candida	ate Committee Political Commit	tee Political Fund
Committee Name	Karl 4 Roseville		
Candidate Name	(first and last) Karl Crump		
Mailing Address (include city, stat	of Committee e, and zipcode) <u>PO Box 131812</u>	2 Roseville, MN 55113	
Email karl.crump.15@gmail.com Phone 651-300-2595			
Purpose or Office sought School Board			
Geographic Area School District 623 (ISD623)			
Officers of the Committee Name Address Phone			
Chair (required)	Karl Crump	1589 Roselawn Ave West Roseville MN 55113	651-300-2595
Treasurer/ Secretary (required)	Thomas Jensen	756 County Road B2 W Roseville MN 55113-3423	651-483-6479
Other Principal Officers (if any)	я		
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds	Bremer Bank Ro	715 County Road B2 W oseville MN 55113	651-288-3880
	Name	Address	Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought by candidate
Party Affiliation (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) are \$ are \$
I,CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.
Signature: Thomas R Insur
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.