

REGISTRATION AND STATEMENT OF ORGANIZATION

New Registration

Amendment

1. **Principal Campaign Committee** (Cities of Bloomington, Brooklyn Park, & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete items 4-10 and 12-13.
2. **Political Committee** (See registration form instructions.) Complete items 4-7, 10, 12-13.
3. **Political Fund** (See registration form instructions.) Complete items 4-7, 10-13.

4. Name of Committee or Fund: BARB Johnson Volunteer Committee

5. Mailing Address of Committee or Fund (Include City, State, Zip Code):

4318 Xerxes Ave. N. Minneapolis MN. 55412

6. E-Mail Address: johnsonvolunteercommittee@yahoo.com

7. Telephone of Committee or Fund: 612-522-7873

8. Name of Candidate - If Principal Campaign Committee: Barbara A. Johnson

Candidate's Address: 4318 Xerxes Ave. N. Minneapolis MN. 55412

Candidate's Phone: 612-522-7873

Received by Hennepin County
Taxpayer Services

9. Office Sought or Held by Candidate:

Bloomington: Mayor Council District No. _____

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Brooklyn Park: Mayor Council District No. _____

Log DB
PM DEL

Minneapolis: Mayor Council Ward No. 4

Library Board

Park Board District No. _____

Minneapolis School District #1 District No. (1-6 OR at Large) _____

Board of Estimate/Taxation

Hennepin
County:

Attorney

Sheriff

Commissioner District No. _____

Three Rivers Park District No. _____

10. Committee Officers: Name Mailing Address for Committee Business Phone

Chair:

Treasurer: John W. Rainville

4318 Xerxes Ave. N.

E-mail address

johnsonvolunteercommittee@yahoo.com

Deputy Treasurer (if any):

Minneapolis, MN. 55412

11. Associations Supporting a Political Fund:

12. Depository/Bank (Location of Committee Funds): Wings Federal Credit Union

Address: 14985 Douglas Ave. Apple Valley MN. 55124

13. Certification: Any individual who signs and certifies to be true a statement which the individual knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.

I, (Print Name) John W. Rainville, The Treasurer CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public data.

John W. Rainville
(Signature of Treasurer)

11/9/15

(Date)