

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & 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: Allen Aigbogun for City Council

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):

2329 S 9th St #422, Minneapolis, MN, 55406

6. E-MAIL ADDRESS: allenaigbogun@allenforminneapolis.com

7. TELEPHONE OF COMMITTEE OR FUND: 763-228-1047

8. NAME OF CANDIDATE - If Principal Campaign Committee: Allen Aigbogun

CANDIDATE'S ADDRESS: 2329 S 9th St Apt 422 Minneapolis, Mn 55406

CANDIDATE'S PHONE: 612-345-5060

Received by Hennepin County
Taxpayer Services

FEB 19 2009

Log DB
PM DEL 2-19-09

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 2 ☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis Special School District No. 1 ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____ ☐ Soil and Water Conservation District No. _____

10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: Allen Aigbogun 2329 S 9th St Apt 422 Minneapolis, Mn 55406 612-345-5060

Treasurer: Mike Johnson 6940 54th Ave N Apt 104 Crystal, MN 55428 763-537-7163

E-mail address mikejohnson@allenforminneapolis.com

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo Bank

Address: 80 S 8TH ST STE 281, MINNEAPOLIS, MN 55402

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) Mike Johnson, 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.

Mike Johnson
(Signature of Treasurer)

2/19/09
(Date)