## REGISTRATION AND STATEMENT OF ORGANIZATION

ī	e	REG	SISTRATION AND S (All data on this			ON		
			New Registration		Amendment			
1. 🛭 2. 🗀 3. 🗀	registration form instructions.) Complete Items 4-10 and 12-13.  Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13.						ective offices) (See	
4.	NAME OF COMMITTEE	or Fund: <u>Frie</u> i	nds For Lisa Goodman					
5.	MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):							
	1227 Hennepin Ave	S 5B Minne	apolis, MN 55403	<del></del> -				
6.	E-MAIL ADDRESS: kre	essds0@yaho	o.com or cmlisa07@yah	oo.com				
7.	TELEPHONE OF COMMITTEE OR FUND: 612.227-9102							
8.	NAME OF CANDIDATE - If Principal Campaign Committee: <u>Lisa Goodman</u>							
	CANDIDATE'S ADDRESS: 1227 Hennepin Ave 5B Minneapolis, MN 55403							
	CANDIDATE'S PHONE:	612,338-6869	)					
9.	OFFICE SOUGHT OR HELD BY CANDIDATE:							
	Bloomington:	☐ Mayor	Council District No	)				
	Minneapolis:	☐ Mayor	Council Ward No.	7	Library Board	☐ Park Boa	ard District No	
	<sup>™</sup> ***	☐ Minneape	olis Special School Distr	ict No. 1	☐ Board of Estima	ate/Taxation		
	Hennepin County:	Attorney	Commissioner Dis	trict No	Sheriff Re	gional Park Boa	rd District No	
10.	COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE							
	Chair:							
	Treasurer: <u>John_Ca</u>	ir <u>ns</u>		1227 Hennepin	Ave S_5B_Minneap	olis, MN 55407	612.227-9102	
				E-mail address	kressds0@yahoo.co	om		
	Deputy Treasurer (if	f any): <u>Sonia C</u>	Cairns	same as above	·			
11.	Associations Suppo	ORTING A POLIT	ICAL FUND:					
12.	DEPOSITORY/BANK (L	ocation of Co	mmittee Funds): <u>Wells F</u>	argo				
	Address: PO Box B	514 Minneap	olis, MN 55479					
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) <u>John (</u> CONTAINED ON TI data.	Cairns HIS FORM IS	COMPLETE, TRUE AN	, The Tre D CORRECT.(	asurer CERTIFY THA Once submitted, all <b>R</b>	feceiatied with in	MATION I <b>emmepinsGound</b> r Services	
		101-1	TO		9/5/05	SEP	<b>6</b> 2005 .	
-	$\nu$	Signature of T		A 600 00: ~~	(Date)			
F	ILE WITH: TAXPAYER SE	RVICES DEPARTI	MENT, ELECTIONS DIVISION	A-buu GOVERNM		M	DEL	

Ammended form

9/2/05



## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information.)

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PM.

1/31/05

New Registration M 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. Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13. 2. [7] 3. Political Fund (See registration form instructions.) Complete items 4-7, 10-13. NAME OF COMMITTEE OR FUND: Friends For Lisa Goodman 4. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 5. 1227 Hennepin Ave - 5B Minneapolis, MN 55403 E-Mail Address; cmlisa07@yahoo. 6. TELEPHONE OF COMMITTEE OR FUND: 612,338-6869 7. 8 NAME OF CANDIDATE - If Principal Campaign Committee: Lisa Goodman CANDIDATE'S ADDRESS: 1227 Hennpin Ave 5B Minneapolis, MN 55403 CANDIDATE'S PHONE: 612.338-6869 OFFICE SOUGHT OR HELD BY CANDIDATE: ☐ Mayor Council District No. Bloomington: Park Board District No. Minneapolis: ☐ Mayor Council Ward No. 7 Library Board ☐ Board of Estimate/Taxation Minneapolis Special School District No. 1 Attorney Commissioner District No. \_\_\_ Sheriff Regional Park Board District No. \_\_ Hennepin County: 10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS Chair: \_\_\_\_ 1904 Irving Ave S Minneapolis, MN 55403 612.334-8532 Treasurer: John Cairns E-mail address jcairns@briggs.com 1904 Irving Ave S Minneapolis, MN 55403 612.377-2108 Deputy Treasurer (if any): Sonia Cairns 11. Associations Supporting a Political Fund: \_\_\_ 12. DEPOSITORY/BANK (Location of Committee Funds): Wells Fargo Address: 90 S 7th St\_Minneapolis, MN\_55479 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. , The Treasurer CERTIFY THAT THE INFORMATION I, (Print Name) John Cairns CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Once submitted, all information within this form is public.

Received by Hennepin County Taxpayer Services 1/31/05 (Signature of Treasurer) (Date) JAN 3 1 2005 FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 (612)