

# REGISTRATION AND STATEMENT OF ORGANIZATION

☐ 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: 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: 612-875-6461

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Brooklyn Park: ☐ Mayor ☐ Council District \_\_\_\_\_

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. \_\_\_\_\_ ☐ Hennepin Conservation District No. \_\_\_\_\_

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

Chair: \_\_\_\_\_

Treasurer: James Van Blarcom

E-mail address johnsonvolunteercommittee@yahoo.com

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

12. DEPOSITORY/BANK (Location of Committee Funds): Wings Federal C.U.

Address: \_\_\_\_\_

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) James Van Blarcom, 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.

[Signature]  
(Signature of Treasurer)

9/2/13  
(Date)