

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: Friends for Lisa Goodman

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 257 Thomas Ave South, Minneapolis, MN 55405

6. E-MAIL ADDRESS: cmlisa07@yahoo.com

7. TELEPHONE OF COMMITTEE OR FUND: 612.270.1776

8. NAME OF CANDIDATE - If Principal Campaign Committee: Lisa Goodman

Received by Hennepin County Taxpayer Services

CANDIDATE'S ADDRESS: 257 Thomas Avenue South, Minneapolis MN 55405

CANDIDATE'S PHONE: 612.270.1776

OCT 31 2017

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

Brooklyn Park:  Mayor  Council District No. \_\_\_\_\_

Minneapolis:  Mayor  Council Ward No. 7  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. \_\_\_\_\_

Log DB
PM DEL

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

Chair: 257 Thomas Ave So Minneapolis, MN 55405 612.270.1776

Treasurer: John & Sonia Cairns 612.986.8532

E-mail address jcairns@johncairnslaw.com

Deputy Treasurer (if any): Doug Kress 257 Thomas Ave S Minneapolis, MN 55405 612.384.8190

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND:

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

Address: s 7th St Minneapolis, MN 55415

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) Doug Kress, 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 of Treasurer)

10/31/17 (Date)