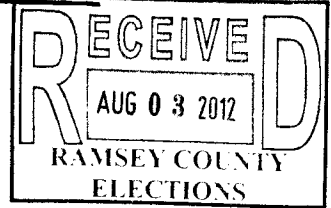




REGISTRATION AND STATEMENT OF ORGANIZATION
(All data on this form is public information)



This report is a(n) (check one): New Registration Amendment

The organization is for a (check one): Candidate Political Committee Office Holder

(Please Print or Type)

Name of Committee: mahoney for house

Mailing Address of Committee (include city state & zip code): 1091 Hyacinth Ave E St. Paul, MN 55106 Phone Number: 651-776-3200

Purpose or Office: Minnesota House

Geographic Area: 67A

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Timothy C. Mahoney	1091 Hyacinth Ave E St. Paul, MN 55106	651-776-3200
Co-Chair (If any)			
Treasurer	Scott Johnson	2437 29th Ave S Minneapolis, MN 55406	651-243-8216
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books Name: _____ Address: _____ Phone Number: _____

Depository(ies)/Bank Location of Committee Funds Name: Pipefitters Steamfitters Credit Union Address: 411 Main St. Suite 102 St. Paul, MN 55102 Phone Number: 651-227-0771

Depository(ies)/Bank Location of Committee Funds Name: _____ Address: _____ Phone Number: _____

This section for Political Committees Only

Candidate or Party Supported by Political Committee

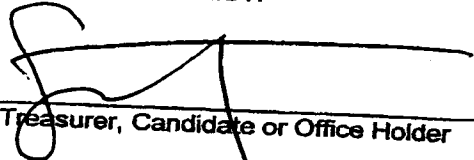
Candidate or Party Name	Address	Office	Party Affiliation (if any)

Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 7/23/12 are \$ 3,460.01

I, SCOTT JOHNSON
(Print or type name) CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 7/26/12

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.