

**HAND DELIVERED**

FEDERAL ELECTION COMMISSION  
PUBLIC DISCLOSURE DIVISION

**FEC FORM 1**

**STATEMENT OF ORGANIZATION**

2014 AUG -5 PM 3: 38

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BARRY L. JOHNSON CTE

ADDRESS (number and street) GENERAL DELIVER

(Check if address is changed)

CITY ▲ STATE ▲ ZIP CODE ▲ DC 20090

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) STAR90WEST37@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 8 / 05 / 2014

3. FEC IDENTIFICATION NUMBER ► CR00552158

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BARRY L. JOHNSON

Signature of Treasurer [Signature] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row: Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

DISCLOSURE

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate BARRY JOHNSON

Candidate Party Affiliation  INO Office Sought:  House  Senate  President State  DC District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

|    |       |               |                                  |
|----|-------|---------------|----------------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 2. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 3. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 4. | _____ | FEC ID number | <input type="checkbox"/> C _____ |

1100010001000001000001



Full Name of Designated Agent

[Grid for Name]

Mailing Address

[Grid for Address Line 1]

[Grid for Address Line 2]

[Grid for Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title/Position]

Telephone number

[Grid for Telephone Number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

*NONE*  
[Grid for Name]

Mailing Address

[Grid for Address Line 1]

[Grid for Address Line 2]

[Grid for Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

*NONE AT THIS TIME*  
[Grid for Name]

Mailing Address

[Grid for Address Line 1]

[Grid for Address Line 2]

[Grid for Address Line 3]

CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered                         | Date of Receipt<br><i>8/5/14</i>                    |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked                                          |
| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked                                          |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked                                          |
| <input type="checkbox"/> Postmark Illegible                                |                                                     |
| <input type="checkbox"/> No Postmark                                       |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|                                                                            | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

*ASD*  
 PREPARER  
 (8/2013)

*8/5/14*  
 DATE PREPARED

000001-110001-110001