

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/4 SECRETARY OF THE SENATE PUBLIC RECORDS 2017 NOV 22 AM 9:45 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BarnheiserforSenate.com

ADDRESS (number and street)

47327 County Road 101 #237

(Check if address is changed)

Minnetonka

MN

55345

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@barnheiserforsenate.com

Optional Second E-Mail Address

Robert@Barnheiserforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Barnheiserforsenate.com

2. DATE

11 / 15 / 2017

3. FEC IDENTIFICATION NUMBER

C000659979

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 Eisenbarth, Jennifer, Marie, .

Signature of Treasurer

Eisenbarth, Jennifer, Marie, .

Date

11 / 15 / 2017

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.

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)

20171120200399507

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 Eisenbarth, Jennifer, Marie, ,

Candidate Party Affiliation UN Office Sought: House Senate President State MN District 00

- (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	C []
2.	[]	FEC ID number	C []
3.	[]	FEC ID number	C []
4.	[]	FEC ID number	C []

20171120200709500

Write or Type Committee Name

BarnheiserforSenate.com

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Eisenbarth, Jennifer, Marie, .

Mailing Address 4245 Stonbeidge Cir

Minnestrsta MN 55364

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 952 443 3255

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Eisenbarth, Jennifer, Marie, .

Mailing Address 4245 Stonbeidge Cir

Minnestrsta MN 55364

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 952 443 3255

201711220200309599

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

[Grid for 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.

Flagship Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

3330 County Road 101

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Minnetonka

[Grid for Mailing Address Line 3]

MN

[Grid for Mailing Address Line 4]

55391

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

201711220200399560

Robert-Barnhiser, 200 309 591
19860 Cottagewood Road
Deephaven, MN 55331

MINNEAPOLIS MN 554

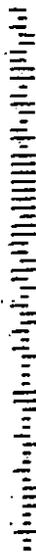
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Date of Receipt

11-17-17
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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

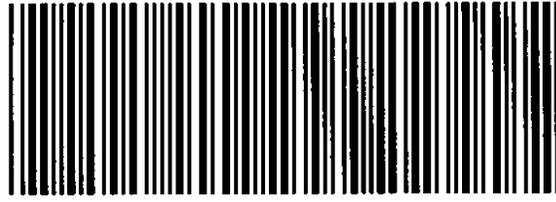
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FAX _____
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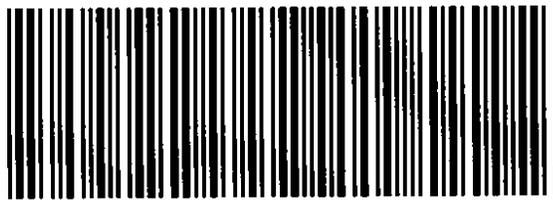
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 11-22-17

201711220200309592



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