

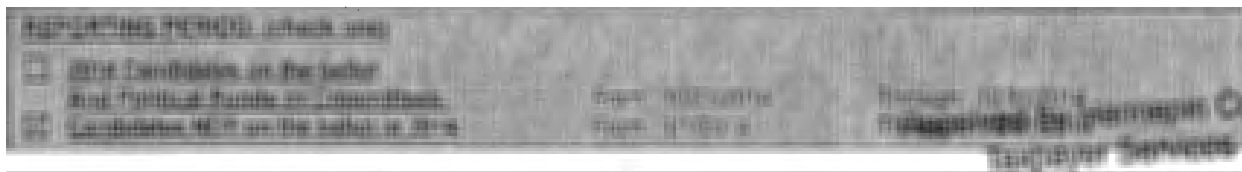
CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES
As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

ALL INFORMATION ON THIS REPORT IS PUBLIC.

TYPE OR PRINT IN BLACK INK.

RETAIN A COPY OF THIS REPORT FOR YOUR FILES.

1. WARSAME VOLUNTEER COMMITTEE
(Name of Committee or Fund)
2. AYUB H SHARIF
(Treasurer's Name) ayubsharif@yahoo.com
(E-mail Address)
3. 1530 S 6TH AT APT C2110 MINNEAPOLIS, MN 55454
(Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: 612-254-4949
5. ☒ Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")
6. ☐ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)
- 6a. ☐ No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable)
7. ☐ Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration.
If your committee is a state committee, please contact our office regarding termination.
8. **2014 ANNUAL REPORT DUE Monday, February 2, 2015**



- | | | |
|---|---|--|
| <p>9. BEGINNING CASH BALANCE THIS REPORT: <u>\$ 2,188.86</u>
(Insert Ending Cash Balance from last report)</p> <p align="center">COLUMN A
Activity Reported <u>this year,</u>
In previous reporting periods.</p> | <p align="center">COLUMN B
ACTIVITY IN THIS REPORTING PERIOD</p> <p>10. ADDITIONS:
<u>\$</u>
(Column C, Line 10 from Last Reporting period.)</p> <p>11. SUBTRACTIONS:
<u>\$</u>
(Column C, Line 11 from Last Reporting period.)</p> <p>12. ENDING CASH BALANCE THIS REPORT: <u>\$ 16,592.97</u>
(Line 9 + line 10(column B) - line 11(column B))</p> | <p align="center">COLUMN C
A + B = Total Activity for This Calendar Year</p> <p align="center">APR 22 2015
LOC 8B PM DEL</p> <p><u>\$ 22,470.75</u>
(Insert total of line 10, columns A + B)</p> <p><u>\$ 8,066.64</u>
(Insert total of line 11, columns A + B)</p> |
|---|---|--|

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

- | | | |
|--|---|--|
| <p align="center">COLUMN A
Activity Reported on Last Report</p> <p>13. In-Kind Donations Received:
<u>\$</u>
(Column C, Line 13 from Last Reporting period.)</p> <p>14. Goods/Services Given to Others:
<u>\$</u>
(Column C, Line 14 from Last Reporting period.)</p> | <p align="center">COLUMN B
ACTIVITY IN THIS REPORTING PERIOD</p> <p><u>+ \$</u>
(Insert total from line 36)</p> <p><u>- \$</u>
(Insert total from line 39)</p> | <p align="center">COLUMN C
A + B = Total Activity for This Calendar Year</p> <p><u>\$</u>
(Insert total of line 13, columns A + B)</p> <p><u>\$</u>
(Insert total of line 14, columns A + B)</p> <p>15. Current Balance of Outstanding Loans Receivable (loaned to others) >
<u>\$</u>
(Insert total Current Balance from line 45)</p> |
|--|---|--|

SUMMARY OF OUTSTANDING DEBT:

- | | |
|--|---|
| <p>16. Current Balance of Outstanding Loans Payable (loaned to you) >
(Amount from Last Report: <u>\$</u>)</p> <p>17. Current Balance of Outstanding Unpaid Bills/Advance of Credit >
(Amount from Last Report: <u>\$</u>)</p> | <p><u>\$</u>
(Insert total Current Balance from line 42)</p> <p><u>\$</u>
(Insert total Amount Owed from line 46)</p> |
|--|---|

18. CERTIFICATION: Any person who signs and certifies to be true a report or statement which the person knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.
I, (Print Name) Ayub H. Sharif CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: [Signature]

DATE: 4/21/2015

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLYNAME OF COMMITTEE OR FUND: WARSAME VOLUNTEER COMMITTEE

DATE: _____

ADDITIONS: (Income)

19. Total ITEMIZED Contributions: \$ 10,325.00
(Insert total from line 35)

20. Total NON-ITEMIZED Contributions: \$ 12,145.00 \$ 22470.00
(Subtotal: lines 19 + 20)

21. Income from bank dividends, interest, etc: \$ 0.75

22. New Loans Payable (loaned to you): \$
(Insert total from line 40)

23. New Repayments on Loans Receivable:
(loaned to others/repaid to you) \$
(Insert total from line 44)

24. Other: _____ \$ \$ 0.75
(Subtotal: lines 21+22+23+24)

25. TOTAL INCOME: \$ 22470.75
(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.)

SUBTRACTIONS: (Expenditures)

26. Total ITEMIZED Contributions to Others: \$
(Insert total from line 38)

27. Total NON-ITEMIZED Contributions to Others: \$ \$
(Subtotal: lines 26 + 27)

28. Total ITEMIZED Operating Expenditures: \$ 6,133.43
(Insert total from line 37)

29. Total NON-ITEMIZED Operating Expenditures: \$ 1,846.21 \$ 7,979.64
(Subtotal: Lines 28 + 29)

30. Bank service charges, etc., paid by you: \$ 87.00

31. New Repayments on Loans Payable:
(loaned to you/repaid to lender) \$
(Insert total from line 41)

32. New Loans Receivable (loaned to others): \$
(Insert total from line 43)

33. Other: _____ \$ \$ 87.00
(Subtotal: lines 30+31+32+33)

34. TOTAL EXPENDITURES: \$ 8,066.64
(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. ☐ _____ If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUND: WARSAME VOLUNTEER COMMITTEE

DATE: _____

You must disclose the date and amount of each monetary contribution or donation In Kind within the year that, in aggregate from any contributor, exceeds \$100 *, the name and address of the individual, committee or fund that made the monetary contribution or Donation In Kind, and the employer of the individual contributor.

(*In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach additional pages as necessary.

				List contributions here for the current reporting period			
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In-Kind Donation	Total from Source Year to Date
	SEE STATEMENT ATTACHED				10,325.00		10,325.00

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 10,325.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 10,325.00

Subtotal ITEMIZED In-Kind Donations received this period:	\$
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

WARSAME CONTRIBUTION REPORT- ANNUAL 2014**SCHEDULE A**

<u>Last</u>	<u>First</u>	<u>Employer</u>	<u>Address</u>	<u>Amount</u>
Barb Johonson Volunteer Committee		City Council	4318 Xerxes Ave N	250
Kaplan	Samuel	self employed	510 River St Mpls,mn 55401	250
Redmond	Lawrence	LOBBYIST #3548	1920 1st S Mpls,mn55454	250
Hofstede	Diane	NA	610 Ramsey Street NE,mpls, 55413	100
Gordon		Allina Health	12031 Arbor Circle, Minnetonka, MN 55305	25
Operman	Vance	Key investment INC	225 S 6th st Mpls,mn 55402	200
MPLS REGGIONAL LABOR		FEDRATION AFL-CIO Brown		100
Brown	Lucy	NA	7 overholt pass Edina,MN 55439	100
Ibew local 292 political Education fund			312 central ave se #292 Mpls mn 55414	250
Chafoulis	James	NA	155 irving ave N mpls,mn 55405	100
PIPE FITTERS LOCAL 539 POLITICAL ACTION FUND			312 Central ave se #408 Mpls mn 55414	100
BREMER	JANE	NA	6753 HARLAND DR EDEN PRAIRE MN 55346	50
AL	SWINTEK	CENTERPOINT ENERGY	800 LASALLE AVE POBOX59038 MPLS MN 55459	100
LAMB	KATHLEEN	LOBBYIST #7732	800 NICOLLET MAL #2600 MPLS,MN 55402	100
PLATTO	ANDY	NORTH STATE VCP	1920 1 ST SOUTH #1204 MPLS,MN 55454	100
Police Officers Federation of Minneapolis			1811 University ave ne, mpls, mn 55418	250
North State Voluntary Contribution Plan				200
Palmisano	Linea	City Council	4309 France Ave S	100
Kahn	Phyllis	State Representative	115 W Island Ave Mpls, MN 55401	100
MPLS BUILDING & CONSTRUCTION TRADES COUNCIL			COMMITTEE ON POLITICAL EDUCATION #30012	250
ABDIKHADIR	ALI	AYUB RESTAURENT	1615 S 4TH ST #2409 MPLS MN 55454	250
ASAD	OMAR	REGIONS HOSPITAL	1247 ST.ANTHONY AVE ST-PAUL MN 55104	250
ABDULLAHI	HASHI	REGIONS HOSPITAL	1247 ST.ANTHONY AVE ST-PAUL MN 55104	250
sALAH	AHMED	SAFARI RESTAURANT AND BANQUET HA	6731 80TH AVE N, BROOKLYN PARK 55445	250
ZAKARIA	SHARIF	K&A TRANSPORTATION INC	1615 S 4TH ST #2409 MPLS MN 55454	250
AHMED	MOHAMUD	SELF EMPLOYED	2551 38TH AVE NE, MPLS,MN 55421	250
WARREN	KERRY	NORTH STATE VCP	12588 XYLITE ST NE BLAINE,MN 55449	100
Hofstede	ALBERT	NORTH STATE VCP	3661 PHEASANT RUN NE MPLS,MN 55449	200
Higgins	Linda	1715 Emerson Ave N	1715 Emerson Ave N, MPLS, MN 55411	100
Rice	Brian	Lobbyist #6485	112 Ardmore DR, Golden Valley, MN 55422	100
Faere Baker Daniels State Registered Political Fund				100
Jackie	Cherryhomes	Lobbyist # 1338	331 2nd ave s, #230	50

Salim	Saleem	Blue and White Taxi	1746 Coon Rapids Blvd, Coon Rapids, MN	250
Hassan	Mohamud	Midwest Home Care	9012 N Glenwood Ave, Kansas City	250
Mohamed	Safiya	Midwest Home Care	9012 N Glenwood Ave, Kansas City	250
Hassan	Abdi	Cab Driver	2743 1st Ave S, MPLS, MN 55404	250
Abdi	Muse	Cab Driver	2916 Park Ave s, MPLS, MN 55404	250
Egal	Mohamed	Cab Driver	2910 E Franklin Ave, MPLS, MN 55406	250
Bihi	Saeed	Childrens Choice Center	2727 Mississippi St New Brighton, MN	250
AYUB	SHARIF	K&A TRANSPORTATION INC	1530 S 6TH ST MPLS,MN 55454	250
SALAH	ABDI	CITY OF MPLS	2906 RUSSELL OF N MPLS,MN 55411	250
MOHAMED	JAMA	RPTA	1600 S 6TH ST MPLS MN 55454	250
FADUMO	ALI	UNEMPOLYED	1530 S 6TH ST MPLS,MN 55454	250
Ahmed	Osman	Bridge Medical Supply	3851 Keyes St, MPLS, MN 55421	250
Hersi	Hawo	Afrik Grocery	5815 Spring Haven CT, Shoreview, MN 55126	250
Aden	Abdikafar	Afrik Grocery	5815 Spring Haven CT, Shoreview, MN 55126	250
Issa	Yakub	Amal Money Wire	3851 Keyes St, MPLS, MN 55421	250
Gayre	Abdirizak	Minnesota Child Care Services	2833 15th ave s, Minneapolis MN 55407	250
Mohamed	Bashir	Cab Driver	15573 Canyon RDG, Eden Prairie 55347	200
Mohamed	Ahmed	Self Employed	3400 Tyler St NE, Minneapolis MN	250
Mohamud	Mohamud	Self Employed	1905 2nd St Ne, Minneapolis MN	250
Abdalla	Abdulkadir	Self Employed	1371 Creek Park Ln Park L, Fridley, MN	250
Hafiz	Peter	Rail Minneapolis LLC	7080 Steepleview Road, Woodbury, 55125	250
			TOTAL	10325
OTHER SMALL DONATIONS UNDER \$250				<u>12145</u>
			TOTAL	<u>22470</u>

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEESNAME OF COMMITTEE OR FUND: WARSAME VOLUNTEER COMMITTEE

DATE: _____

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule B.

Attach additional pages as necessary.

				List expenditures here for the current reporting period		
				COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	Previous Total For This Year	Operating Expenditures	Contributions to Others	Total to Source Year to Date
	SEE STATEMENT ATTACHED.			6,133.43		6133.43

Subtotal ITEMIZED Operating Expenditures this period:	\$ 6,133.43
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 6,133.43

Subtotal ITEMIZED Contributions to Others this period:	\$
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$

WARSAME EXPENDITUR REPORT - 2014**SCHEDULE B**

Date	Withdrawals How	<u>>=100</u> Vendor	Amount	What
2-Jan	Chk Card Purchase	Dogood Biz Inc	285.46	Litterature and flyers
30-Jan	Chk Card Purchase	Sir Speedy Printing	110.00	Litterature and flyers
31-Jan	none		-	
28-Feb	none		-	
28-Mar	with made br store	Somali Channell	295.00	Photography/ Video
30-Apr	none		-	
31-May	none		-	
10-Jun	Cashed Chk#7650		105.00	
1-Jul		East Village Grill	1,000.00	Lunch for 80 volunteers
31-Jul	none		-	
28-Aug	Chk Card Purchase	USPS	161.70	Fundraiser Mail
20-Aug	W/D made in branch store	Branch Error	1,500.00	Withdrawal and deposited same day
31-Aug	none		-	
12-Sep	Chk Card Purchase	Elsies Bowling Cen	572.29	Breakfast for a fundraiser
22-Sep	W/D made in branch store	Safari Restaurant	600.00	Space Rental Fee for a fundraiser
3-Sep	ATM W/D	USPS	120.00	Mailing for fundraising
30-Sep	none		-	
6-Oct	Chk Card Purchase	Safari Restau	100.00	Appetizers for Fundraiser
31-Oct	none		-	
30-Nov	none		-	
18-Dec	W/D made in branch store	Farah Hesi 11193 I	410.00	Fundraiser Cordination Fee
22-Dec	W/D made in branch store	Rice, Micels & Wal	873.98	Legal Services
31-Dec	none		-	
		TOTAL	6,133.43	
		UNDER \$100 EXPENSES	1,846.21	
		TOTAL EXPENSES	7,979.64	

NAME OF COMMITTEE OR FUND: WARSAME VOLUNTEER COMMITTEE

DATE: _____

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

				Goods & Services + Cash = \$100+ Given in Current Period		
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)					\$	

SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

			Loans Given to or Repaid by You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$		
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)				\$	
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)					\$

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

			Loans Given by or Repaid to You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)			\$		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)				\$	
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.
(Make notations on Schedules B or C where Independent Expenditures are itemized.)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made **WITHOUT** the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.

Signature of Treasurer _____

Date _____