REGISTRATION AND STATEMENT OF ORGANIZATION M Amendment ■ New Registration 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. Political Committee (See registration form instructions.) Complete items 4-7, 10, 12-13. 2. \square 3. 🗍 Political Fund (See registration form instructions.) Complete items 4-7, 10-13. NAME OF COMMITTEE OR FUND: WAKSAME VOLUNTEER COMMITEE MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 620 16th Avenue South Swite 43 E-MAIL ADDRESS: Vote Warsame e gmail. Com TELEPHONE OF COMMITTEE OR FUND: 612-669-2180 NAME OF CANDIDATE - If Principal Campaign Committee: ABDI WARSAME 8. Avenue South, MPG, MN 55454 CANDIDATE'S ADDRESS: CANDIDATE'S PHONE: OFFICE SOUGHT OR HELD BY CANDIDATE: Bloomington: Mayor Council District No. ___ Brooklyn Park: Mayor Council District ._ Council Ward No. 6 Library Board Park Board District No. Minneapolis: ☐ Minneapolis School District #1 District No.(1-6 OR at Large) _ ☐ Board of Estimate/Taxation ☐ Sheriff ☐ Commissioner District No. ___ Attorney Hennepin County: Hennepin Conservation District No. _ Three Rivers Park District No. MAILING ADDRESS FOR COMMITTEE BUSINESS 10. COMMITTEE OFFICERS: PHONE Chair: HUSSEIN AHMED E-mail address Mussein. Castellie yahoo. Com

	Associations Supporting a Political Fund:
12.	DEPOSITORY/BANK (Location of Committee Funds): Wellstary - Dur Trasurer DB
	\mathbf{J}
	Address:
13.	CERTIFICATION: Any individual who signs and certifies to be true a statement which the individual knows contains false information or who

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) _____, 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.

1. (Print Name) _____, 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)

Deputy Treasurer (if any): _

FILE WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152