

REGISTRATION AND STATEMENT OF ORGANIZATION

☒ New Registration

☐ Amendment

1. ☒ **Principal Campaign Committee** (Cities of Bloomington & Minneapolis, or Hennepin County Government elective offices) (See registration form instructions.) Complete Items 4-10 and 12-13.
2. ☐ **Political Committee** (See registration form instructions.) Complete items 4-7, 10, 12-13.
3. ☐ **Political Fund** (See registration form instructions.) Complete items 4-7, 10-13.

4. NAME OF COMMITTEE OR FUND: WARSAME VOLUNTEER COMMITTEE

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):
1501 South 6th Street, Minneapolis, MN 55433 (upstairs office)

6. E-MAIL ADDRESS: aywarsame@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-669-2180

8. NAME OF CANDIDATE - If Principal Campaign Committee: ABDULKADIR Y WARSAME

CANDIDATE'S ADDRESS: 614 19TH AVE S., Minneapolis, MN 55454

CANDIDATE'S PHONE: 612-991-4521

Received by Hennepin County
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. _____

Brooklyn Park: ☐ Mayor ☐ Council District _____

Minneapolis: ☐ Mayor ☒ Council Ward No. 6 ☐ Library Board ☐ Park Board District No. _____

☐ Minneapolis School District #1 District No. (1-6 OR at Large) _____ ☐ Board of Estimate/Taxation

Hennepin County: ☐ Attorney ☐ Sheriff ☐ Commissioner District No. _____

☐ Three Rivers Park District No. _____ ☐ Hennepin Conservation District No. _____

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10. COMMITTEE OFFICERS: NAME MAILING ADDRESS FOR COMMITTEE BUSINESS PHONE

Chair: _____

Treasurer: HUSSEIN N AHMED 12061 Round Lake Blvd NW, Coon Rapids, MN 55433
E-mail address hussein.castellie@yahoo.com (612.669.2180)

Deputy Treasurer (if any): _____

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: _____

12. DEPOSITORY/BANK (Location of Committee Funds): _____

Address: _____

13. 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) HUSSEIN AHMED, 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.

Hussein Ahmed
(Signature of Treasurer)

JAN 3, 2013
(Date)