

# 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: WARSAW VOLUNTEER COMMITTEE

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
1530 S 6TH ST C2110 MPLS MN 55454

6. E-MAIL ADDRESS: Ayub Sharif@yahoo.com

7. TELEPHONE OF COMMITTEE OR FUND: 612-254-4949

8. NAME OF CANDIDATE - If Principal Campaign Committee: ABDI WARSAW

CANDIDATE'S ADDRESS: 620 20TH AVES, MPLS 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. \_\_\_\_\_

APR 22 2015

Brooklyn Park: ☐ Mayor ☐ Council District No. \_\_\_\_\_

Log \_\_\_\_\_ DB  
PM \_\_\_\_\_ DEL

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. \_\_\_\_\_

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

Chair: \_\_\_\_\_ 612-254-4949

Treasurer: Ayub H. Sharif 1530 S 6TH ST C2110 MPLS MN 55454

E-mail address \_\_\_\_\_

Deputy Treasurer (if any): \_\_\_\_\_

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

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

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) \_\_\_\_\_ 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]  
(Signature of Treasurer)

4/22/2015  
(Date)