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:

   JAN 03 2013

   Bloomington: ☐ Mayor   ☐ Council District No. _____

   | Brooklyn Park: ☐ Mayor ☐ Council District _____ | 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. ____   ☐ Hennepin Conservation District No. ____

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.castelli@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   _Jun 3, 2013_
    (Signature of Treasurer)   (Date)

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

3/7/12