

# REGISTRATION AND STATEMENT OF ORGANIZATION

☐ New Registration

☒ Amendment

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.
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):

620 16<sup>th</sup> Ave S, MINNEAPOLIS, MN 55454

6. E-MAIL ADDRESS: vote.warsame@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: \_\_\_\_\_

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

CANDIDATE'S ADDRESS: 2211 59 St, mpls, mn 55404 - #136

CANDIDATE'S PHONE: 612-991 4521

Received by Hennepin County  
Taxpayer Services

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: ☐ Mayor ☐ Council District No. \_\_\_\_\_

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Brooklyn Park: ☐ Mayor ☐ Council District \_\_\_\_\_

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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: AYUB H. SHARIF 1901 Minnehaha Ave S #202 mpls, mn 55404

E-mail address ayubsharif@yahoo.com

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

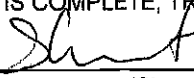
11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: \_\_\_\_\_

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 of Treasurer)

12-29-13

(Date)