

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: Osman's Volunteer Committee

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code):  
620 16<sup>th</sup> Ave S Suite #46

6. E-MAIL ADDRESS: isxaqa@hotmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 6127073686

8. NAME OF CANDIDATE - If Principal Campaign Committee: Jamal Osman

CANDIDATE'S ADDRESS: 1615 S 4<sup>th</sup> St #M1704 Minneapolis, MN 55406

CANDIDATE'S PHONE: 612-735-2448

Received by Hennepin County  
Elections Division  
JUN 02 2020

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

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

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

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: \_\_\_\_\_

Treasurer: Isxaq Ahmed 8735 Portland Ave S #403 Bloomington 55420 612-707-3686

E-mail address osmanvolunteercommittee@gmail.com

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

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: N/A

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

Address: 9801 Normandale Blvd, Bloomington, MN 55437

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) Isxaq 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.

Isxaq Ahmed  
(Signature of Treasurer)

6/1/2020  
(Date)