

CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES
As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 333B.041-383B.058

All information on this report is public.

Type or print in black ink.

Retain a copy of this report for your files.

1. Osman Volunteer Committee
(Name of Committee or Fund)
2. Isxaq Ahmed
(Treasurer's Name) Osmanvolunteercommittee@gmail.com
(E-mail Address)
3. 8737 Portland Ave #403 Bloomington MN 55420
(Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: _____
5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")
6. No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)
- 6a. No activity with **383B.041-.058** candidates, this reporting period. (Complete lines #9-#12 as applicable)
7. Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration.
If your committee is a state committee, please contact our office regarding termination.

Received by Hennepin County
Elections Division
FEB 16 2022

8. 2021 ANNUAL REPORT **DUE Monday January 31, 2022**

REPORTING PERIOD: (check one)

2021 Candidates on the ballot
And Political Funds or Committees;
Candidates NOT on the ballot in 2021:

From: 10/20/2021	Through: 12/31/2021
From: 1/1/2021	Through: 12/31/2021

9. **BEGINNING CASH BALANCE THIS REPORT:** \$1699.43
(Insert Ending Cash Balance from last report)

COLUMN A

COLUMN B

COLUMN C

Activity Reported <u>this year,</u> <u>In previous reporting periods.</u>	ACTIVITY IN THIS REPORTING PERIOD	A + B = Total Activity for This Calendar Year
10. ADDITIONS: <u>\$56348.00</u> (Column C, Line 10 from Last Reporting period.)	<u>+\$ 8,750</u> (Insert amount from line 25)	<u>\$</u> (Insert total of line 10, columns A + B)
11. SUBTRACTIONS: <u>\$ 40,498</u> (Column C, Line 11 from Last Reporting period.)	<u>-\$ 8,996.13</u> (Insert amount from line 34)	<u>\$</u> (Insert total of line 11, columns A + B)
12. ENDING CASH BALANCE THIS REPORT:	<u>= \$ 953.25</u> (Line 9 + line 10(column B) - line 11(column B))	

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

COLUMN A

COLUMN B

COLUMN C

Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B = Total Activity for This Calendar Year
13. In-Kind Donations Received: <u>\$</u> (Column C, Line 13 from Last Reporting period.)	<u>+\$</u> (Insert total from line 36)	<u>\$</u> (Insert total of line 13, columns A + B)
14. Goods/Services Given to Others: <u>\$</u> (Column C, Line 14 from Last Reporting period.)	<u>-\$</u> (Insert total from line 39)	<u>\$</u> (Insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loans Receivable (loaned to others)	>	<u>\$</u> (Insert total Current Balance from line 45)

SUMMARY OF OUTSTANDING DEBT:

16. Current Balance of Outstanding Loans Payable (loaned to you) (Amount from Last Report: \$ _____)	>	<u>\$</u> (Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit (Amount from Last Report: \$ _____)	>	<u>\$</u> (Insert total Amount Owed from line 46)

CERTIFICATION: Any person who signs and certifies to be true a report or statement which the person knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.

I, (Print Name) Isxaq Ahmed, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER:

DATE:

File this report with:
Hennepin County Elections Division MC 012 Government Center, Minneapolis, MN 55487-0012 (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: Osman Volunteer Committee

DATE:

ADDITIONS: (Income)

- 19. Total ITEMIZED Contributions: \$ 8,750
(Insert total from line 35)
- 20. Total NON-ITEMIZED Contributions: \$ _____ (Subtotal: lines 19 + 20)
- 21. Income from bank dividends, interest, etc: \$ 0
- 22. New Loans Payable (loaned to you): \$ 0
(Insert total from line 40)
- 23. New Repayments on Loans Receivable: \$ _____
(loaned to others/repaid to you) (Insert total from line 44)
- 24. Other: \$ _____ (Subtotal: lines 21+22+23+24)
- 25. TOTAL INCOME: \$ 8,250
(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.)

SUBTRACTIONS: (Expenditures)

- 26. Total ITEMIZED Contributions to Others: \$ _____
(Insert total from line 38)
- 27. Total NON-ITEMIZED Contributions to Others: \$ _____ (Subtotal: lines 26 + 27)
- 28. Total ITEMIZED Operating Expenditures: \$ _____
(Insert total from line 37)
- 29. Total NON-ITEMIZED Operating Expenditures: \$ _____ (Subtotal: Lines 28 + 29)
- 30. Bank service charges, etc., paid by you: \$ _____
- 31. New Repayments on Loans Payable: \$ _____
(loaned to you/repaid to lender) (Insert total from line 41)
- 32. New Loans Receivable (loaned to others): \$ _____
(Insert total from line 43)
- 33. Other: \$ _____ (Subtotal: lines 30+31+32+33)
- 34. TOTAL EXPENDITURES: \$ 8,996.18
(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

Important information:

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUND: OSMAN VOLUNTEER COMMITTEE

DATE:

1-3-12

You must disclose the date and amount of each monetary contribution or donation in kind within the year that, in aggregate from any contributor, exceeds \$100 *, the name and address of the individual, committee or fund that made the monetary contribution or Donation in Kind, and the employer of the individual contributor. (**In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach additional pages as necessary.

					List contributions here for the current reporting period		
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In-Kind Donation	Total from Source Year to Date
10/20/21	John Cowles 475 Grand Hill, St. Paul, MN 55102						\$300
10/25/21	IUPAT 3205 County Rd, Little Canada, MN 55117	IUPAT					\$300
10/25/21	Minneapolis Regional union Federation 312 Central Ave SE, Mpls	MRUF					\$600
10/29/21	Deborah Brisch-Cremer						\$100
10/29/21	Christopher Sherman 233 Park Ave S #201 Minneapolis, MN 55415	Sherman Associat					\$250
10/29/21	George Sharman 212 10th Ave Unit #902 Minneapolis, MN 55415	Sherman Associat					\$600
10/29/21	Carolina Sherman 212 10th Ave Unit #902 Minneapolis, MN 55415	<i>Sherman Associates</i>					\$600
11/12/21	Iman Muse 2515 S 9th St, Mpls, MN 55406						\$500
10/20/21	Andrea Jenkins 319 Wyoming Street West St Paul, MN 55107	City Of Minneapolis					\$100
10/22/21	Kristen Mchenry 1995 HIGHLAND CIR HUDSON, WI 54016	<i>Allins Hall</i>					\$250
10/26/21	Nawal Noor 2219 Oakland Ave S. # 103 Minneapolis MN 55404	<i>Noor Companies</i>					\$250
10/26/21	Dan Weinand 5024 Bloomington Ave Minneapolis, MN 55417	<i>Stryder Corp</i>					\$50
10/26/21	Jackie Cherryhomes 1216 Sheridan Avenue Minneapolis, MN 55411	<i>Cherryhomes tyler</i>					\$100
10/26/21	Sara Jones 5328 Humboldt Ave S Minneapolis, MN 55419	<i>Great North Innovation Project</i>					\$50
10/26/21	Ron Nutting 205 Park Avenue Unit 604 Minneapolis, MN 55415	<i>Sherman Associates</i>					\$100
	<i>Ahmed Ali 4723 Leybourne Dr Hilliard, OH 43026</i>	<i>Self-Employed</i>					<i>\$500</i>
<i>10/26/21</i>	<i>Jamal Osman</i>	<i>City of mpls</i>					<i>3600</i>

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				List contributions here for the current reporting period			
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In-Kind Donation	Total from Source Year to Date
11/2/21	Abdisamed Khayre 100 West Diamond Lake Rd, 113 Minneapolis, MN 55419	Truck Pkd					\$180
12/09/21	Angela Kotrba 1332 36 1/2 Ave NE Minneapolis, MN 55418						\$100

Subtotal ITEMIZED Monetary Contributions received this period:	\$		
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$		
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$	<i>Total</i>	<i>8250</i>

Subtotal ITEMIZED In-Kind Donations received this period:	\$		
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$		
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$		
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$		

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Osman Volunteer Committee

DATE:

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.
 If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule B.
 Attach additional pages as necessary.

Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	COLUMN A Previous Total For This Year	List expenditures here for the current reporting period		
				COLUMN B Operating Expenditures	COLUMN B1 Contributions to Others	COLUMN C Total to Source Year to Date
10/22/21	DO-Good. Biz 3770 Dunlap St. N, Arden Hills, MN 55126	Mailing services				\$1528.40
10/25/21	Facebook	Facebook Add				\$395
10/25/21	Safia Hirsi	Staff				\$800
10/25/21	Abdullahi Dahir	Staff				\$800
10/28/21	West Bank Restaurant 324 Cedar Ave, Minneapolis, MN 55454	Food				\$160.31
10/27/21	Amal Ahmed	Staff				\$350
11/1/21	Facebook	Facebook Add				\$400
11/2/21	Facebook	Facebook Add				\$600
11/2/21	Henry Jamin	Staff				\$800
11/4/21	DAVANNIS #2 - RIVE MINNEAPOLIS MN	Food				\$192.82
11/8/21	Sun country Airline	Travel				\$185.40
10/22/21	University Printing	Printing				\$1436.73
10/24/21	University Printing	Printing				\$1436.73
11/1/21	Meng Yang	Digital Work				\$712.50
11/22/21	INDIA PALACE ROSEVILLE MN	Food				\$135.02
11/11/21	Sean Broom	Consultant				\$1000
10/26/21	Izone Corp	Event				\$300

Subtotal ITEMIZED Operating Expenditures this period:	\$		
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$		
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$	<i>total</i>	<i>\$8,996.18</i>

Subtotal ITEMIZED Contributions to Others this period:	\$		
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$		
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$		

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)

NAME OF COMMITTEE OR FUND: _____

DATE: _____

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

				Goods & Services + Cash = \$100+ Given in Current Period		
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)					\$	

SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

			Loans Given to or Repaid by You in Current Reporting Period			
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender		Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$			
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)				\$		
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)					\$	

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

			Loans Given by or Repaid to You in Current Reporting Period			
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan		Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)			\$			
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)				\$		
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$	

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.

(Make notations on Schedules B or C where Independent Expenditures are itemized.)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made **WITHOUT** the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.

Signature of Treasurer _____

Date _____