

REGISTRATION AND STATEMENT OF ORGANIZATION

Received by Hennepin County Elections Aug 16, 2021

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: Neighbors of Hajj

5. MAILING ADDRESS OF COMMITTEE OR FUND (Include City, State, Zip Code): 6701 Oliver Ave S Richfield, MN 55423-2122

6. E-MAIL ADDRESS: HajjWard9@gmail.com

7. TELEPHONE OF COMMITTEE OR FUND: 612 597 5882

8. NAME OF CANDIDATE - If Principal Campaign Committee: Saed Yussuf Hajj

CANDIDATE'S ADDRESS: 1512 East 20th Street Suite 1 Minneapolis, MN 55404

CANDIDATE'S PHONE: 612 352 0918

9. OFFICE SOUGHT OR HELD BY CANDIDATE:

Bloomington: Mayor Council District No. _____

Brooklyn Park: Mayor Council District No. _____

Minneapolis: Mayor Council Ward No. 9 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: Saed Yussuf Hajj 1512 East 20th Street Suite 1 Minneapolis MN 55404 612 352 0919

Treasurer: Bruce A Brillhart 6701 Oliver Ave S Richfield, MN 55423-2122t 612 597 5882

E-mail address bbrillhart@yahoo.com

Deputy Treasurer (if any): N/A

11. ASSOCIATIONS SUPPORTING A POLITICAL FUND: N/A

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

Address: 800 Nicollet Mall Minneapolis, MN 55402

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) Bruce A Brillhart, 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: Bruce A. Brillhart

(Date) 08/15/2021