

REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information) RAMSEY COUNTY

(All data on this form is public information)

JAN 1 9 2015

ELECTIONS

This report is a(n) (check one):New RegistrationAmendment	
The organization is for a (check one):CandidatePolitical CommitteeOffice Holder	
(Please Print or Type)
Name of Committee:	C 1 - Wasering
1	Friends SAMAKATS HUSSEIN
Mailing Address of Co	mmittee (include city state & zip code) Phone Number:
955	Avrara Ave 51-PCM MN 55104 651-757-0974
Purpose or Office	City Council Ward 1
Geographic Area	Mard 1 St. paul
Officers of Comm	nittee
Officer	Name Address Phone Number
Chair:	Name Address ABDINASSER SYSF AS ADDVE 612-423-8818
Co-Chair (If any)	#417
Treasurer	LiBAN OSMAN 627 Aurora ant super 1 612-735 MN 55124 9036
Deputy Treasurer (If any)	
Other Principal Officers (If any)	
Other Principal Officers (If any)	
Custodian of Books	Name: LiBAN OSMAN Address: 955 Aurova au Phone Number: 612-735 St. Parl MN 55104 Phone Number: 9038
Depository(ies)/Banl Location of Committ Funds	
Depository(ies)/Banl Location of Committee Funds	k Name: Address: Phone Number:

Candidate or Party Supported by Political Committee Candidate or **Party Name Address** Office Party Affiliation (If any) Is the committee a continuing one? (Check appropriate response) _____ Yes This Section is To Be Completed By All Committees Liquid assets on hand as of (date) _ LIBAN OSMAN, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Treasurer, Candidate or Office Holder

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.

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This section for Political Committees Only