



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

RAMSEY COUNTY

JAN 23 2015

This report is a(n) (check one): New Registration Amendment

ELECTIONS

The organization is for a (check one): Candidate Political Committee Office Holder

(Please Print or Type)

Name of Committee: Friends of MOHAMED SAID	
Mailing Address of Committee (include city state & zip code) 476 University Ave West Apt#4, St. Paul MN 55103	Phone Number: 612- 242-3258
Purpose or Office St. Paul City Council Ward 1	
Geographic Area City of Saint Paul	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Aydurus Shire	2740 Minnehaha Ave Apt#513 Minneapolis, MN 55406	651- 270-6454
Co-Chair (If any)			
Treasurer	Abdihakim Omar	1627 S 6th Street Apt#600 Minneapolis, MN 55454	612- 747-8687
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: Aydurus Shire	Address: 2740 Minnehaha Ave #513 Minneapolis, MN 55406	Phone Number: 651- 270-6454
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Depository(ies)/Bank Location of Committee Funds	Name: Wells Fargo	Address: 2600 E Franklin Ave Minneapolis, MN 55406	Phone Number: 612- 667-1391
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)
MOHAMED SAID	476 University Ave W. #4 St. Paul, MN 55103	City Council	

Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 01-22-2015 are \$ 0.

I, MOHAMED SAID, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 01-22-2015

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