

**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

This report is a(n) (check one):       New registration      \_\_\_ Amendment to registration

The organization is for a (check one):  Candidate Committee    \_\_\_ Political Committee    \_\_\_ Political Fund

Committee Name Neighbors For Busuri

Candidate Name (first and last) Kassim Busuri

Mailing Address of Committee  
(include city, state, and zipcode) PO Box 6804 Saint Paul MN 55106

Email neighborsforbusuri@gmail.com      Phone (651) 327 0488

Purpose or Office sought City of Saint Paul Councilmember for Ward 6

Geographic Area Ward 6

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Shirley Erstad	PO Box 6804 Saint Paul MN 55106	651-955-6612
Treasurer/ Secretary (required)	Liban Sheikhdon Elmi	PO Box 6804 Saint Paul MN 55106	612-298-3725
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds      2700 7th Ave E, North St Paul, MN 55109

Old National Bank      763-656-2400

Name      Address      Phone

**THIS SECTION FOR POLITICAL COMMITTEES ONLY**

Candidate or Party supported by Political Committee

Candidate Name or Party Name \_\_\_\_\_

Address \_\_\_\_\_

Office sought  
by candidate \_\_\_\_\_

Party Affiliation  
(if any) \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) 6/13/2019 are \$ 800.

I, Kassim Busuri CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  \_\_\_\_\_ Date: 6/13/19

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.