

**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 Campaign Fund for Abu Nayeem

Candidate Name (first and last) Abu Nayeem

Mailing Address of Committee (include city, state, and zipcode) 874 Charles Ave

Email anayeem1@gmail.com Phone 718-926-7888

Purpose or Office sought Saint Paul City Council Ward 1

Geographic Area Saint Paul Ward 1

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Abu Nayeem	874 Charles Ave Saint Paul, MN, 55104	718-926-7888
Treasurer/ Secretary (required)	Abu Nayeem	874 Charles Ave Saint Paul, MN, 55104	718-926-7888
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds TCF Bank 454 Lexington Pkwy 1800-823-2265  
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) 09/05/14 are \$ \$82.31.

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

Signature:  Date: 09/05/14

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.