

**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 Omar Syed St Paul School board

Candidate Name (first and last) Omar Syed

Mailing Address of Committee (include city, state, and zip code) 755 Selby Ave #214 St Paul MN 55104

Email usstmc@gmail.com Phone 612-2902404

Purpose or Office sought \_\_\_\_\_

Geographic Area \_\_\_\_\_

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	Ahmed Hirsi Ibrahim Mohamed	2196 Lower A Road St Paul MN	651 800 8885
Treasurer/ Secretary (required)	Ibrahim Mohamed	2236 Lower A Road St Paul MN 55109	651.353.9599
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds \_\_\_\_\_  
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) \_\_\_\_\_ are \$ \_\_\_\_\_.

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

Signature: [Signature] Date: 2/25/19

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.