

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 for City Council ward 1

Candidate Name (first and last) Omar Syed

Mailing Address of Committee
(include city, state, and zip code) 14315 Concordia Ave PO Box 4212 ST Paul, MN 55109

Email info@omarward1.com Phone 612-290-2404

Purpose or Office sought City Council

Geographic Area ward 1

Officers of the Committee

	Name	Address	Phone
Chair (required)	Ibrahim Mohamed		651-253-9044
Treasurer/ Secretary (required)	Fahim Issa	755 Selby Ave ST Paul MN 55109	612-203-6835
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds Amnington 1505 University Ave 612-333-9124
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) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) _____ are \$ 2110.

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

Signature:  Date: 11/9/22

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.