

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2016 JUL 13 AM 9:02

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

A M E R I C A N M U S L I M S A G A I N S T T R U M P P A C

ADDRESS (number and street)

6 0 3 0 D A Y B R E A K C I R C L E

(Check if address is changed)

S U I T E A 1 5 0

C L A R K S V I L L E

CITY ▲

M D

STATE ▲

2 1 0 2 9

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

I N F O @ A M A T P A C . C O M

Optional Second E-Mail Address

K S H @ A M A T P A C . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

W W W . I A M I A T P A C . C O M

2. DATE

0 6 / 2 8 / 2 0 1 6

3. FEC IDENTIFICATION NUMBER ▶

C 0 0 6 1 8 6 2 9

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KHAWAR S. HASSAN

Signature of Treasurer

Date

0 6 / 2 8 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2016-07-13 09:02:45

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____

NON-CONFIDENTIAL INFORMATION

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KHAWAR S. HASSAN

Mailing Address

6030 DAYBREAK CIRCLE

SUITE A 150

CLARKSVILLE

MD

21029

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

KHAWAR S. HASSAN

Mailing Address

6030 DAYBREAK CIRCLE

SUITE A 150

CLARKSVILLE

MD

21029

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

201607130000211

Full Name of Designated Agent

SADRASHK KAZMI

Mailing Address

6030 DAYBREAK CIRCLE

SUITE A 150

CLARKSVILLE

MD

21029

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK

Mailing Address

5800 CLARKSVILLE SQUARE DRIVE

CLARKSVILLE

MD

21029

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-CONFIDENTIAL

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt
7/13/16

USPS Registered/Certified Postmarked (R/C)

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No Postmark

Overnight Delivery Service (Specify): Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

7/13/16
DATE PREPARED

2016-07-13 14:00:00