

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2016 SEP 26 AM 9:39  
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 Y R A N T 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 M D 2 1 0 2 9 -

CITY ▲

STATE ▲

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 . A M 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

*Khawar Hassan*

Date

0 9 / 1 4 / 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				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

20160926 09:39 AM

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  C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

NON-PROFIT ORGANIZATION

Write or Type Committee Name

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

Empty grid lines for name entry.

Mailing Address

Empty grid lines for mailing address entry.

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: |K|H|A|W|A|R| |H|A|S|S|A|N|

Mailing Address: |6|0|3|0| |D|A|Y|B|R|E|A|K| |C|I|R|C|L|E|  
|S|U|I|T|E| |A|1|5|0|  
|C|L|A|R|K|S|V|I|L|L|E| |M|D| |2|1|0|2|9|

Title or Position: CITY: STATE: ZIP CODE:

Position: |T|R|E|A|S|U|R|E|R| Telephone number: |4|1|0| |8|3|1| |9|5|6|9|

**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: |K|H|A|W|A|R| |H|A|S|S|A|N|

Mailing Address: |6|0|3|0| |D|A|Y|B|R|E|A|K| |C|I|R|C|L|E|  
|S|U|I|T|E| |A|1|5|0|  
|C|L|A|R|K|S|V|I|L|L|E| |M|D| |2|1|0|2|9|

Title or Position: CITY: STATE: ZIP CODE:

Position: |T|R|E|A|S|U|R|E|R| Telephone number: | | | | | | | | | | |

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

S, A, D, R, A, S, H, K, K, A, Z, M, I

Mailing Address

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

S, U, I, T, E, A, 1, 5, 0

C, L, A, R, K, S, Y, I, L, L, E, M, D, 2, 1, 0, 2, 9

CITY

STATE

ZIP CODE

Title or Position

A, S, S, I, S, T, A, N, T, T, R, E, A, S, U, R, E, R

Telephone number

Telephone number fields

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.

T, H, E, C, O, L, U, M, B, I, A, B, A, N, K,

Mailing Address

P, O, B, O, X, 1, 4, 9, 3

Empty mailing address line

C, O, L, U, M, B, I, A, M, D, 2, 1, 0, 4, 4, 0, 4, 9, 3

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Empty bank name line

Mailing Address

Empty mailing address line

Empty mailing address line

Empty mailing address line

CITY

STATE

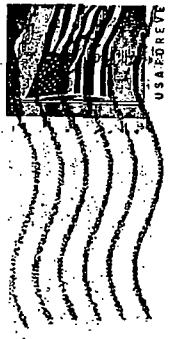
ZIP CODE

2011-09-08 14:00:00

Leo LED, LLC

9003 Gerwig Ln  
Columbia, MD 21046

Federal Election Commission  
999 E. Street, N.W.  
Washington, DC 20463



BALTIMORE MD 212

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Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked

 9/26/16  
 PREPARER DATE PREPARED

20160919 10:00:00 AM