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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: if typing, type over the lines.

12PB4M5

AMERICAN MUSLIM INSTITUTE

ADDRESS (number and street)

1130 E. SQUARE LAKE ROAD

(Check if address is changed)

BLOOMFIELD HILLS MI 48304

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

AMERICANMUSLIMINSTITUTE@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 09 23 2002

3. FEC IDENTIFICATION NUMBER ▶

C00369918

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

ASAD MALEK

Signature of Treasurer

Date 09 23 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1  
(Revised 1/01)

Federal Election Commission

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