

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

DR MD ALAM FOR US SENATE

ADDRESS (number and street)

8853 EASTERN AVE

☐ (Check if address is changed)

KANSAS CITY

CITY ▲

MO

STATE ▲

64138

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@mdalam.us

Optional Second E-Mail Address

info@mscorps.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.mdalam.us

2. DATE

MM / DD / YYYY  
10 / 15 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00791566

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 ALAM, SHERE, , Agri. Eng,

Signature of Treasurer ALAM, SHERE, , Agri. Eng,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2021

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.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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

ALAM, MD, RABBI, DR,

Candidate  
Party Affiliation

DEM

Office  
Sought:

House

☒

Senate

President

State

MO

District

00

- (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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

**DR MD ALAM FOR US SENATE****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

KHAN, ANWAR, KABIR, ,

Mailing Address

3721 Main Street

KANSAS CITY

MO

64111

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN DIRECTOR

Telephone number

816

309

2360

**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

ALAM, SHERE, , Agri. Eng,

Mailing Address

8853 EASTERN AVE

KANSAS CITY

MO

64138

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN TREASURER

Telephone number

816

256

0775

Full Name of  
Designated  
Agent

BLACK, DERRON, , ,

Mailing Address

3721 Main Street

SHERE

KANSAS CITY

CITY

MO

STATE

64111

ZIP CODE

Title or Position

CAMPAIGN MANAGER

Telephone number

816

533

2423

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.

HUNTINGTON BANK

Mailing Address

1040 EAST MAPLE RD

BIRMINGHAM

BIRMINGHAM

CITY

MI

STATE

48009

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F1N  
Transaction ID :

MISSOURI US SENATE RACE 2022..... DR MD ALAM FOR US SENATE 2022

Form/Schedule:  
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name ASIF, SYED, , ,

Mailing Address 3720 MAIN STREET

KANSAS CITY  MO  64111  -

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CAMPAIGN DIRECTOR  Telephone Number 816  - 786  - 8815

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.

Mailing Address

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CITY ▲ STATE ▲ ZIP CODE ▲

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Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

ALJAHIM, IBRAHIM, , ,

Full Name

Mailing Address

1920 EVALINE ST

HAMTRAMCK MI 48212 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

FUNDRAISER

Telephone Number

313

707

5230

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. 

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address

Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

BANYALMERJH, FADI, , ,  
Full Name

3721 Main Street  
Mailing Address   
SHERE   
KANSAS CITY  MO  64111   
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼   
FINANCE DIRECTOR

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲



5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Chowdhury, MINHAJ, RUSSELL, ,

Full Name

Mailing Address

4949 E 10 Mile Road, Unit 6

Fatema

WARREN

MI

48091

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CAMPAIGN OEGANIZER

Telephone Number

313

334

9019

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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

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FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

KAIKOBAD, MAHMUDUL, , ,

Full Name

Mailing Address

900 LOW BRIM COVE

TX  78660 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CAMPAIGN PLANNER

Telephone Number

347

440

8545

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. 

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

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FEC ID number

FEC ID number

FEC ID number

FEC ID number

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Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

SHAHIN, MOHAMMED, , ,

Full Name

485 SOUTH GENISTA AVE

Mailing Address

GALLOWAY NJ 08205 -

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CAMPAIGN DIRECTOR

Telephone Number 609 - 892 - 0494

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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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


Mailing Address

Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address   
  
   -   
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼  Telephone Number  -  -

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Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Mailing Address

  
  
-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

RAHMAN, MOHAMMED BADOL, , ,

Full Name Mailing Address   
  -

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 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. Mailing Address   
  
-  
CITY ▲ STATE ▲ ZIP CODE ▲