Image# 201811239133807	′393			PAGE 1/4
FEC FORM 1	STATEME ORGANIZ		Of	fice Use Only
1. NAME OF COMMITTEE (in ful	I) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
· ·				
ADDRESS (number and s	treet) 950 Eagles Landing Parkway	y 		
(Check if addr is changed)	Ste 265			
			GA 302	81
	CITY A		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL				
 (Check if addr is changed) 	AMUN4SENATE@GM			
	Optional Second E-Mail Ac	ddress PAMUN@GMAIL.COM		1
COMMITTEE'S WEB PA				
2. DATE 11	/ D D / Y Y Y Y 19 2018			
3. FEC IDENTIFICAT		C00683870		
4. IS THIS STATEMEN	IT X NEW (N) OR	AMENDED (A)		
I certify that I have exan	nined this Statement and to the bes	t of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of T	reasurer Amun, Akhenaten, Hotep, ,			
Signature of Treasurer	Amun, Akhenaten, Hotep, ,	[Electronically Filed]	Date 11	23 / Y Y Y Y 2018
NOTE: Submission of false	e, erroneous, or incomplete information ANY CHANGE IN INFORMAT	n may subject the person signing t TON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

11/23/2018 00 : 12

Candidate Party Affiliation DEM Office Sought: House K Senate President District C (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.) Pa Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	-		
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 Amun, Akhenaten, Hotep, , Party Committee Office (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Committee is a committee is a constraint of committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (d) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (f) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization (g) In addition, this committee is a Lobbyist/Registrant PAC. (f) In addition, this committee is a Lobbyist/Registrant PAC. (g) In addition, this committee is a Lobbyist/Registrant PAC. (h) In addition, this committee is a Lobbyist/Registrant PAC. (h) In addition, this committee is a Lobbyist/Registrant PAC. (h) In addition, this c	FEC	C Form 1 (Revised 02/2009)	Page 2
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3 FEC ID number C	1	1 FEC ID number	
	2	2 FEC ID number	
4 FEC ID number C	3	3 FEC ID number	
	4	4 FEC ID number C	

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FEC Form 1 (Revised 02/2009)

1008

678

Telephone number

902

Write or Type Committee Name

CAMPAIGN COMMITTEE FOR AKHENATEN AMUN US SENATE 2020

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ident books and records.	ify by name, address (phone number optiona	al) and position of the perso	n in possession of committee
Amun, Akh Full Name	enaten, Hotep, ,		
Mailing Address	950 Eagles Landing Pkwy		
	Stockbridge	GA GA	30281
Title or Position	CITY	STATE	ZIP CODE

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 A A of Treasurer	xmun, Akhenaten, Hotep, ,
Mailing Address	950 Eagles Landing Pkwy
	Stockbridge
	CITY STATE ZIP CODE
Title or Position	
	Image: Telephone number 678 902 1008

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1				ĺ																	1		
Mailing Address																											
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								CIT	Y								ST	ATE				ZI	р С	COD	θE		
Title or Position																											
												Tele	eph	ione	e ni	uml	ber										

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.

	United Community Bank	
Mailing Address	850 Eagles Landing Pkwy	
	Stockbridge	GA 30281
	CITY	STATE ZIP CODE
Name of Bank, De	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE