

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
 FEC MAIL CENTER

2020 DEC 10 AM 11:43

1. (a) Name of Candidate (in full) Mohammad S. Kabir		2. FEC Candidate Identification Number	
(b) Address (number and street) 125 Rose Ave		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Bellmawr, NJ 08031		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation American Governance Party (AGP)	5. Office Sought US President	6. State & District of Candidate US- 1	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).  
 (year of election)  
**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Mohammad S. Kabir for US President</b>
(b) Address (number and street) <b>125 Rose Ave</b>
(c) City, State, and ZIP Code <b>Bellmawr, NJ 08031</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
 (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  
**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate 	Date <b>12/5/2020</b>
---	--------------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

--	--	--	--	--	--	--	--	--	--

NONO IN ITA ONI COMMUNIO

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

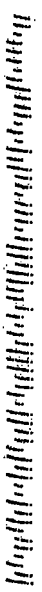
(c) City, State, and ZIP Code

NONDISCRIMINATION COMPLAINT

M. S. M. Sklar  
125 Park Avenue  
Bellmore, New Jersey 08031

RECEIVED  
FEDERAL CENTER  
2000 DEC 10 AM 11:31

Federal Election Commission  
1050 First Street, N.E.  
Washington, D.C. 20463



NONPROFIT ORGANIZATION

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 12/5/20	12/10/20
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SPM  
 PREPARER 12/11/20  
 (3/2015) DATE PREPARED

2020-12-11 10:00:00 AM