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MAIR# 7203

November 17, 2016

Office of General Counsel
Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: Kaisar Ahmed and Kaisar Ahmed for US Congress 2016

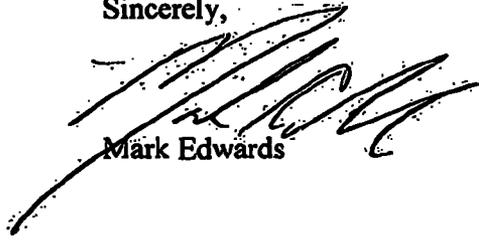
Dear Counsel:

Enclosed for filing please find the original and three (3) copies of a Complaint against Kaisar Ahmed and Kaisar Ahmed for US Congress 2016 (hereafter "Kaisar").

As a citizen and business owner in Redlands, I am filing this complaint against Kaisar for multiple violations of the Federal Election Campaign Act.

I thank you, in advance, for acting upon this matter. If you have any questions, please feel free to contact me.

Sincerely,



Mark Edwards

OFFICE OF GENERAL

NOV 17 2016 11:30 AM

RECEIVED
FEDERAL ELECTION
COMMISSION

INFORMATION

RECEIVED
FEDERAL ELECTION
COMMISSION

BEFORE THE UNITED STATES FEDERAL ELECTION COMMISSION
DEC -5 AM 11:30

OFFICE OF GENERAL

Kaisar Ahmed,
610 Golden West Drive
Redlands, CA 92373, and

MUR No. 7203

Kaisar Ahmed for US Congress 2016
610 Golden West Drive
Redlands, CA 92373.

COMPLAINT

This Complaint is filed pursuant to 52 U.S.C. § 30109(a)(1) against Kaisar Ahmed and Kaisar Ahmed for US Congress 2016 ("Respondents") for multiple violations of the Federal Election Campaign Act of 1971, as amended (the "Act") and Commission rules. Specifically, Respondents have failed to file a Statement of Candidacy and disclosure reports with the Commission, thus depriving the public of critical information about their sources of support. These violations are described in detail herein.

I. FACTS

Kaisar Ahmed was a candidate for United States Congress in California's 31st Congressional District, who appeared on the ballot during the state's June 7 open primary.¹ However, despite spending well over \$5,000 on his election, he has failed to file a Statement of Candidacy, and his campaign committee, Kaisar Ahmed for US Congress 2016, failed to timely file a Statement of Organization, and failed to file *any* disclosure reports, with the Commission.

According to reports that Ahmed filed with the San Bernardino County Registrar of Voters, on November 6, 2015, Ahmed appears to have registered a committee called Kaisar Ahmed for US Congress 2016 with the registrar on FPPC Form 410, the form used to register nonfederal committees in California.² Then, beginning on January 1, 2016, Ahmed loaned his campaign

¹ See San Bernardino County Elections Office of the Registrar of Voters, 2016 Presidential Primary Election Final Certified Election Results, at <http://www.sbcounty.gov/rov/elections/Results/20160607/default.html> (last visited Oct. 20, 2016).

² A copy of the Form 410 obtained from the registrar's website, <http://nf4.netfile.com/pub2/Default.aspx?aid=SBD>, is attached this this Complaint is attached as Exhibit A.

\$18,440.52, and began spending funds in connection with his election.³ Among other things, he spent \$848.80 on “flyers and banners” on January 5; \$107.16 on “lodging” on February 26; and \$11,089.54 for filing fees and a candidate statement in the county ballot pamphlet on March 9. Despite exceeding the \$1,000 threshold in March, he did not file a Statement of Candidacy with the Commission; he did not file a Statement of Organization with the Commission until May 13, 2016; and he has not yet filed a single disclosure report with the Commission.⁴

II. LEGAL ANALYSIS

The Act requires that, once a person has triggered candidacy by raising or spending more than \$5,000 in connection with his or her election to federal office, he or she must file a Statement of Candidacy designating a principal campaign committee with the Commission within 15 days.⁵ The principal campaign committee must file a Statement of Organization with the Commission within 10 days thereafter.⁶ And, once registered, the committee must file complete and accurate reports with the Commission detailing its financial activity.⁷

It has long been recognized that these provisions help vindicate the important interests of providing the electorate with information about the source of a candidate’s political support, combatting corruption, and aiding in enforcement of the Act.⁸ But Ahmed and Kaiser Ahmed for US Congress 2016 have utterly failed to comply with them. According to his own filings with the San Bernardino County Registrar of Voters, Ahmed exceeded the \$5,000 spending threshold, and therefore, triggered federal candidacy, no later than March 9. However, to this day, he has not filed a Statement of Candidacy with the Commission. Kaiser Ahmed for US Congress 2016 did not file a Statement of Organization until more than two months later. And the committee has, to date, not filed a single disclosure report with the Commission. Because of this brazen violation of the law, the public has been deprived of valuable information about his sources of financial support.⁹

³ Ahmed appears to have detailed at least some of his campaign expenses on FPPC Form 460, the form used for nonfederal campaign reports in California. A copy of the Form 460 obtained from the registrar’s website is attached to this Complaint as Exhibit B.

⁴ See www.fec.gov.

⁵ 52 U.S.C. §§ 30101(2), 30102(e)(1); 11 C.F.R. § 101.1(a).

⁶ 52 U.S.C. § 30103(a); 11 C.F.R. § 102.1(a).

⁷ See generally 52 U.S.C. § 30104.

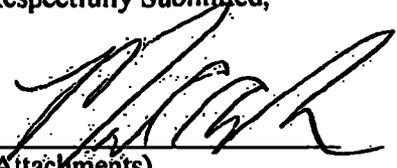
⁸ See *Buckley v. Valeo*, 424 U.S. 1, 66-68 (1976).

⁹ It is also unclear whether Kaiser Ahmed for US Congress 2016 opened a depository as required by the Act. 52 U.S.C. § 30102(h). On the Form 410 that he filed with the San Bernardino County Registrar, he indicated that “Bank will not open an account unless filing number and tax ID are provided.” See Exhibit A.

III. CONCLUSION

In conclusion, a review of Respondents' public filings demonstrate that they have blatantly violated the Act's registration and reporting requirements. The Commission should find reason to believe that they violated the Act; impose the maximum civil penalty permitted by law; enjoin Respondents from any and all future violations; and impose such additional remedies as it finds necessary and appropriate.

Respectfully Submitted,


(Attachments)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Bernardino

On Nov. 17, 2016 before me, Diane M. Sanchez, Notary Public
(insert name and title of the officer)

personally appeared Mark C. Edwards
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Diane M. Sanchez (Seal)

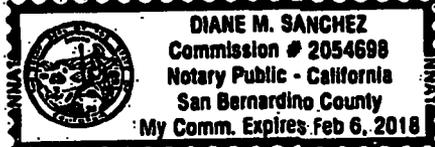
11-10-2016 09:01:11 AM

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 17th
day of November, 2016, by Mark C. Edwards

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

Diane M. Sanchez

NON-REPRODUCTION

11-10-2010

EXHIBIT A

COUNTY OF SAN BERNARDINO

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Includes fields for List I.D. number and Date qualified as committee.

FILED stamp: NOV 06 2015, BY [Signature] DEPUTY REGISTRAR OF VOTERS. CALIFORNIA FORM 410 For Official Use Only.

1. Committee Information

NAME OF COMMITTEE: KAISAR AHMED FOR US CONGRESS 2016. CITY: San Bernardino, CA 92407.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Kaisar Ahmed. CITY: San Bernardino, CA 92407.

COUNTY OF DOMICILE: San Bernardino. JURISDICTION WHERE COMMITTEE IS ACTIVE.

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on [] DATE By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on [] DATE By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME **KAISAR AHMED FOR US CONGRESS 2016**

• All committees must list the financial institution where the campaign bank account is located. *Bank will not open an account unless filing number and tax ID are provided*

NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER
ADDRESS CITY STATE ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Kaisar Ahmed	US Congress (District 31)	2016	<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below: **N/A**

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

20120801-10

11-10-2011

EXHIBIT B

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp

FILE

JUL 29 21

R. J. B.
REGISTRAR OF

Statement covers period
from 04/01/16
through 06/30/16

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1380297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Kaisar Ahmed for US Congress 2016

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Redlands CA 92373

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Kaisar

[REDACTED]

MAILING ADDRESS

Redlands, CA 92
CITY STATE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attachment under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/29/16
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

14-10000000-11

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kaisar Ahmed

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
US Congress (District 31)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] **Redlands CA 92373**

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Comm

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
----------------------	--------------

Identify the controlling officeholder, candidate, or NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONEE

OFFICE SOUGHT OR HELD

**7. Primarily Formed Candidate/Officehold
officeholder(s) or candidate(s) for which this commi**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE

Attach continuation sheet

11-10-2008-11-11

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from _____
through _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE (JAN. 1)
01/01/16 to 06/30/16	Kaiser Ahmed [REDACTED] Redlands, CA 92373	<input checked="" type="checkbox"/> IND. <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Educator	\$ 5410.50	\$ 12
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			

SUBTOTAL \$

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

17-10000000-11

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers per
from _____
through _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTL PAID PE
Kaiser Ahmed for US Congress 2016 [REDACTED] Redlands CA 92373 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Ahmed Retired Educator	\$ _____	\$ 18,440.52	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Schedule B Summary

(Line Schedule)

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
-- If required.

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers pe
from _____
through _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	C
03/09/16	Kaisar Ahmed for US Congress 2016 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Payment for Filing Fee	\$ 1,689.54	
03/09/16	Kaisar Ahmed for US Congress 2016 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Payment for Candidate Statement	\$ 9,400.00	
03/14/16	Kaisar Ahmed <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Payment for signs	\$ 3,600.00	
SUBTOTAL				\$ 14,689.54	

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....
- Unitemized contributions and independent expenditures made this period of under \$100.....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)...

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers pr
from _____
through _____

NAME OF FILER _____

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD
02/26/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Lodging at Democratic Party	\$107.16
01/05/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Flyers and Banners	\$545.80 ⁸
05/24/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Flyers	\$410.69 ⁸
05/04/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Payment for postcards	\$317.92 ⁸
SUBTOTAL \$				1,684.57

14-00000000-0

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

Statement covers period
from _____
through _____

NAME OF FILER: _____

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE
03/25/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution	Nails, zipties \$ 466.50	\$ 466.50	\$
		<input type="checkbox"/> Nonmonetary Contribution			
		<input type="checkbox"/> Independent Expenditure			
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
03/26/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution	Fundraiser Expenses	\$ 701.63	\$
		<input type="checkbox"/> Nonmonetary Contribution			
		<input type="checkbox"/> Independent Expenditure			
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
06/06/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution	Postage	\$ 75.62	\$
		<input type="checkbox"/> Nonmonetary Contribution			
		<input type="checkbox"/> Independent Expenditure			
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
04/24/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution	Fundraiser Expenses	\$ 106.16	\$
		<input type="checkbox"/> Nonmonetary Contribution			
		<input type="checkbox"/> Independent Expenditure			
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
SUBTOTAL \$				1,349.91	

01-10-2016 11:00:00 AM

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/16
through 06/30/16

NAME OF FILER:

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULICAL (JA)
01/01/16 to 06/30/16	Kaisar Ahmed <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution	Mileage	\$ 2,566.50	\$
		<input type="checkbox"/> Nonmonetary Contribution			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Nonmonetary Contribution			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure			
SUBTOTAL				\$ 2,566.50	