

February 28, 2017

RECEIVED
FEDERAL ELECTION
COMMISSION

2017 MAR 10 AM 8:29

Ms. Christal Dennis
Complaints Examination and Legal Administration
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

OFFICE OF GENERAL
COUNSEL

MUR 7203

Dear Ms. Dennis,

Attached you will find photocopies of all 410 and 460 Forms that I filed with the San Bernardino County Registrar of Voters in California.

In the last few weeks, I checked with some individuals who were candidates at various times in the last 12 months. They indicated that the San Bernardino County Registrar of Voters always notified each candidate of any filing deadline. Then I verified with the County itself and was assured that they always notified the candidates of filing deadlines. I asked an official with the San Bernardino County Registrar of Voters if I, Kaisar Ahmed, always filed on time. The official could not answer my question at that moment and I am still waiting for an answer.

I would vouch that, to the best of my recollection, I always filed Forms 410 and 460 with the San Bernardino County Registrar of Voters in a timely manner. You may check with the San Bernardino County for the validity of my claim.

Thank you very much for your understanding. Please feel free to contact me at the following if you need or want any further clarifications.

Sincerely,

Kaisar Ahmed

Kaisar Ahmed
KAISAR AHMED FOR US CONGRESS 2016
610 Golden West Drive
Redlands, CA 92373

E-Mail: kaisarahmed49@gmail.com

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp FILED JUL 29 2016 BY <i>[Signature]</i> DEPUTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460 Page _____ of _____ For Official Use Only
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Statement covers period from <u>07/01/16</u> through <u>06/30/16</u>	Date of election if applicable; (Month, Day, Year)
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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 9)

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:

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

Quarterly Statement
 Special Odd-Year Report

3. Committee Information LD. NUMBER 1380297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Kaisar Ahmed for US Congress 2016

STREET ADDRESS (NO P.O. BOX)
610 Golden West Dr.

CITY Redlands STATE CA ZIP CODE 92373 AREA CODE/PHONE _____

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
kaisarahmed49@gmail.com

Treasurer(s) Kaisar Ahmed

NAME OF TREASURER
610 Golden West Dr.

MAILING ADDRESS
Redlands, CA 92373

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 attached schedules 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 <u>07/29/16</u> Date	By <u>Kaisar Ahmed</u> Signature of Treasurer or Assistant Treasurer
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, 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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

COMMITTEE NAME

Kaisar Ahmed for US Congress 2016

Page 1

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

N/A

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

N/A

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

N/A

5. Termination Requirements:

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.