

July 13, 2017

Ms. Krista J. Roche  
Assistant Director  
Alternative Dispute Resolution Office  
Federal Election Commission  
999 E Street N.W.  
Washington DC 20463

Re: ADR 827 (NUR 7203  
Kaisar Ahmed for US Congress 2016 and Kaisar Ahmed, Treasurer

Dear Ms. Roche,

I dropped in again at the San Bernardino County Registrar of Voters office in San Bernardino, California, regarding the above-mentioned matter. This time they gave me copies of California Form 460 that was filed with them on July 29, 2016.

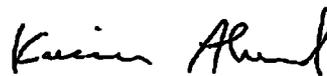
The Registrar of Voters also informed me that these documents were, in fact, supposed to be filed with the Federal Election Commission. Having no experience in these matters and relying exclusively on the Registrar of Voters, I may have inadvertently violated campaign laws and regulations. Please accept photocopies of these documents (California Form 460) and settle all matters pertaining to possible violation on my part of any campaign laws.

Thank you very much for your consideration.

Sincerely,



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



Kaisar Ahmed  
Treasurer

E-Mail Address: [kaisarahmed49@gmail.com](mailto:kaisarahmed49@gmail.com)

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA  
FORM  
460

FILED

JUL 29 2016

Page 1 of 9

For Official Use Only

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

BY REGISTERED DEPUTY  
REGISTRAR OF VOTERS

Statement covers period  
from 07/01/16  
through 06/30/16

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 (See Complete Part 3)
- 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:

- Precision Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

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

Kaisar Ahmed for US Congress 2016

I.D. NUMBER

1380297

Treasurer(s) Kaisar Ahmed

NAME OF TREASURER

610 Golden West Dr.

MAILING ADDRESS

Redlands, CA 92373

CITY STATE ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

610 Golden West Dr.

CITY STATE ZIP CODE

Redlands CA 92373

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

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

kaisarahmed49@gmail.com

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 07/29/16

By

Kaisar Ahmed

Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_

By

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

Executed on \_\_\_\_\_

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

01234567891011

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: 610 Golden West Dr. 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?  YES  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?  YES  NO  
COMMITTEE ADDRESS: \_\_\_\_\_ STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE: \_\_\_\_\_  
BALLOT NO. OR LETTER: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_  
 SUPPORT  OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent: \_\_\_\_\_  
OFFICE SOUGHT OR HELD: \_\_\_\_\_ DISTRICT NO. IF ANY: \_\_\_\_\_

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

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LD. NUMBER

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>1,850.00</u>	<u>1,850.00</u>
2. Loans Received.....	Schedule B, Line 3 \$ <u>18,440.52</u>	<u>18,440.52</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$	\$
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$	\$
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$	\$

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_

**Expenditures Made**

6. Payments Made.....	Schedule E, Line 4 \$	\$
7. Loans Made.....	Schedule H, Line 3 \$	\$
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$	\$
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$	\$
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$	\$
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$	\$

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \$ \_\_\_\_\_

**Current Cash Statement**

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$	\$
13. Cash Receipts.....	Column A, Line 3 above	\$
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$
15. Cash Payments.....	Column A, Line 8 above	\$
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**17. LOAN GUARANTEES RECEIVED**

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$	\$
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents.....	See Instructions on reverse \$	\$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$	\$





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

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER \_\_\_\_\_

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	SUPPORT	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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	\$ 1,659.54	\$ 1,659.54	
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	\$ 9,400.00	
03/09/16	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	\$ 3,600.00	
<b>SUBTOTAL</b>					<b>\$ 14,687.54</b>		

- 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.) ..... **TOTAL**... \$ \_\_\_\_\_

1-11-2016

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

CALIFORNIA  
FORM  
460

from

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through

I.D. NUMBER

NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	SUPPORT	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/26/16	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	Lodging at Democratic Party	\$107.16	107.16	
01/05/16	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	Flyers and Banners	\$848.80	\$848.80	
05/24/16	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	Flyers	\$410.69	\$410.69	
05/04/16	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 Postcards	\$317.92	\$317.92	
SUBTOTAL \$					1,684.57		

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)  
CALIFORNIA  
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Statement covers period

from \_\_\_\_\_  
through \_\_\_\_\_

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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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/25/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Nails, zip ties \$ 466.50	\$ 466.50	\$ 466.50	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/26/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraiser Expenses	\$ 701.63	\$ 701.63	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
06/06/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Postage	\$ 75.62	\$ 75.62	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/24/16	Kaisar Ahmed	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraiser Expenses	\$ 106.16	\$ 106.16	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>1,349.91</b>		

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)  
CALIFORNIA  
FORM **460**

Statement covers period

from 01/01/16  
through 06/30/16

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NAME OF FILER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPES OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/01/16 to 06/30/16	Kaizar 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	Mileage	\$ 2,566.50	\$ 2,566.50	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL</b>				<b>\$ 2,566.50</b>		