

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Date Stamp

RECEIVED

NOV 28 2023

CITY OF LA CAÑADA FLINTRIDGE  
CITY CLERK'S OFFICE

CALIFORNIA  
FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p><b>I.D. Number</b> <i>(if applicable)</i></p> <p>NAME OF COMMITTEE <b>Ahmed for City Council 2024</b></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <b>La Cañada Flintridge CA 91011 [REDACTED]</b></p> <p>FULL MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED] @gmail.com</p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Los Angeles La Cañada Flintridge</b></p> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	<p>NAME OF TREASURER <b>Quemars Ahmed</b></p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] <b>La Cañada Flintridge CA 91011</b></p> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] @gmail.com [REDACTED]</p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE</p> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE</p> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE</p>
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 OF TREASURER OR ASSISTANT TREASURER
Executed on <b>11/28/23</b>	DATE	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>Ahmed For City Council 2024</b>	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	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." Stating "No party preference" is acceptable.
- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
<b>Qemars Ahmed</b>	<b>La Cañada Flintridge City Council</b>	<b>2024</b>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE