

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>12 / 23 / 2023</u>	Date of termination ____ / ____ / ____

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

LA CANADA FLINTRIDGE  
DEC 26 2023 PM 2:10

**1. Committee Information**

I.D. Number (if applicable) 1464725

NAME OF COMMITTEE

Ahmed for City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

La Cañada Flintridge CA 91011

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles La Cañada Flintridge

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

**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 12/26/2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Ahmed for City Council 2024</b>	I.D. NUMBER <b>1464725</b>
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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 <b>First Foundation Bank</b>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION <b>301 N. Lake Ave, Suite 100</b>	CITY <b>Pasadena</b>	STATE <b>CA</b>	ZIP CODE <b>91101</b>
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**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		
<b>Quemars Ahmed</b>	<b>La Canada Flintridge City Council</b>	<b>2024</b>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

**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