

# Recipient Committee Campaign Statement Cover Page

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>10</u>
	For Official Use Only

LA CANADA FLINTRIDGE  
JAN 25 2024 AM 9:22

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	Date of election if applicable: (Month, Day, Year) <u>3/5/2024</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

### 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

### 3. Committee Information

I.D. NUMBER  
1464725

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

Ahmed For City Council 2024

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>La Canada Flintridge</u>	<u>CA</u>	<u>91011</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]@gmail.com

### Treasurer(s)

NAME OF TREASURER

Quemars Ahmed

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>La Canada Flintridge</u>	<u>CA</u>	<u>91011</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]@gmail.com

### 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 01/24/2024  
Date

By [REDACTED] Treasurer

Executed on 01/24/2024  
Date

By [REDACTED] 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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Quemars Ahmed**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Council, La Canada Flintridge**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] La Canada CA 91011

**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 Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**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.

SUMMARY PAGE

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER 1464725

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ahmed For City Council 2024

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ 5038.21	\$ 5038.21
2. Loans Received..... <i>Schedule B, Line 3</i>	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 5038.21	\$ 5038.21
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 5038.21	\$ 5038.21

## 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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ 281.50	\$ 281.50
7. Loans Made..... <i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 281.50	\$ 281.50
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	0	0
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ 281.50	\$ 281.50

## 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..... <i>Previous Summary Page, Line 16</i>	\$ 0
13. Cash Receipts..... <i>Column A, Line 3 above</i>	5038.21
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0
15. Cash Payments..... <i>Column A, Line 8 above</i>	281.50
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 4756.71

*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..... <i>Schedule B, Part 2</i>	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2023</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2023</u>		
		Page <u>4</u> of <u>10</u>
NAME OF FILER <b>Ahmed for City Council 2024</b>		I.D. NUMBER <b>1464725</b>

SEE INSTRUCTIONS ON REVERSE

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/23	Rae Esmores 750 Colonial Arms Rd. 07083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Literacy Specialist Literacy NJ	267.91	267.91	
12/14/23	Cameron Brown 189 Pearl St. 02145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beverage Director Sarma	100	100	
12/14/23	Kimberly McGrath 24 West 4th St. 07002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Aya Healthcare	100	100	
12/14/23	Emily Yates 20 Lawrence Ave 07052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Production Executive Spacestation	107.49	107.49	
12/17/23	Tate Harshbarger 7567 Rosewood Ave 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hueston Hennigan LLP	250	250	

**SUBTOTAL \$ 825.40**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4575.89
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 462.32
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 5038.21

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Ahmed For City Council 2024

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/23	Patrick Wedlock 110 Bleeker St. #16E 10012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Specialist System	260.59	260.59	
12/19/23	Maggie Kennedy 41 Birch Rd. 19355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Development Manager American Foundation for Suicide Prevention	104.42	104.42	
12/21/23	Julie Shackleton 5341 Shafter Ave. 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Berkely Exec Ed	250	250	
12/21/23	Emily Michael 906 East Louisiana Ave. 33603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hueston Hennigan LLP	104.42	104.42	
12/21/23	Aaron Tso 111 S. De Lacey Ave. #218 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Latham & Watkins	250	250	
<b>SUBTOTAL \$ 969.43</b>						

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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Ahmed For City Council 2024</b>	I.D. NUMBER <b>1464725</b>
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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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/24/23	Richard Allen 301 North Gaston Ave. 08876	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. IEEE	100	100	
12/24/23	Brianne Holland-Stergar 1600 West Steel 59701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Munger, Tolles & Olsen LLP	156.48	156.48	
12/24/23	Ben Ryzak 917 15th St. Apt F 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Film Nation Entertainment	100	100	
12/24/23	Lance Arberry 301 Livingstone St. Apt 1505 11217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Counsel Tao Group Hospitality	104.42	104.42	
12/24/23	Izack Tenorio 6385 Gunderson Blvd. 89103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Gov't Affairs Strategies 360	100	100	

**SUBTOTAL \$ 560.90**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>Ahmed For City Council 2024</b>	I.D. NUMBER <b>1464725</b>
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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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/23	Joshua Meyer 2609 Euclid St. Apt D 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	104.42	104.42	
12/26/23	Ali Chamas 340 South Estes St. Unit A 80226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Postdoc NREL	100	100	
12/28/23	Kenny Lim 5221 La Canada Blvd. 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kenny Lim LLC	200	200	
12/28/23	Elaine Leitner 5922 Almaden Lane 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
12/29/23	Misora Enslein 292 Maple Street 11225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Affiliate Coordinator Center for Popular Democracy	100	100	
<b>SUBTOTAL \$ 604.42</b>						

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Ahmed For City Council 2024

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/23	Isabella Urdaneta 949 South Manhattan Place Apt 201 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant Baron Brown Studio	100	100	
12/31/23	Roberta Johansen 3150 Crystal Spring Dr. 98110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Olson Remcho LLP	104.39	104.39	
12/31/23	Luis Carrasquero 20 W. State St. 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Chief Operations Officer Metrolink	104.42	104.42	
12/31/23	Bianka Barraza 1011 7th Street South 34695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Lowenstein Sandler	104.42	104.42	
12/31/23	Nizar Ahmed 37168 Aleppo Dr. 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Production Studio Manager Docusign	1000	1000	
<b>SUBTOTAL \$ 1413.23</b>						

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IND – Individual  
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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/23</u> through <u>12/31/23</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
**Ahmed For City Council 2024**

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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/23	Kevin Liao 1040 Cloverdale Ave. Apt 1 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Director Bryson Gillette	150	150	
12/31/23	Cameron Brown 189 Pearl St. 02145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beverage Director Sarima	52.37	152.37	
		<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 \$ 202.37**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>7/1/23</u>		
through <u>12/31/23</u>		Page <u>10</u> of <u>10</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ahmed For City Council 2024

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Donorbox 1520 Belle View Blvd #4106 22307	WEB	Processing Fees for Online Donations	207.15

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	<u>207.15</u>
2. Unitemized payments made this period of under \$100.....	\$	<u>74.35</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<u>281.50</u>