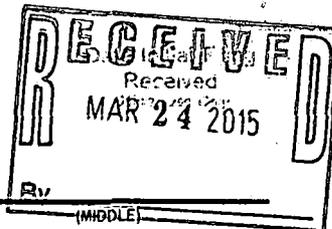


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Ahmed (FIRST) Waseem (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Chowchilla Council Member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Chowchilla
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

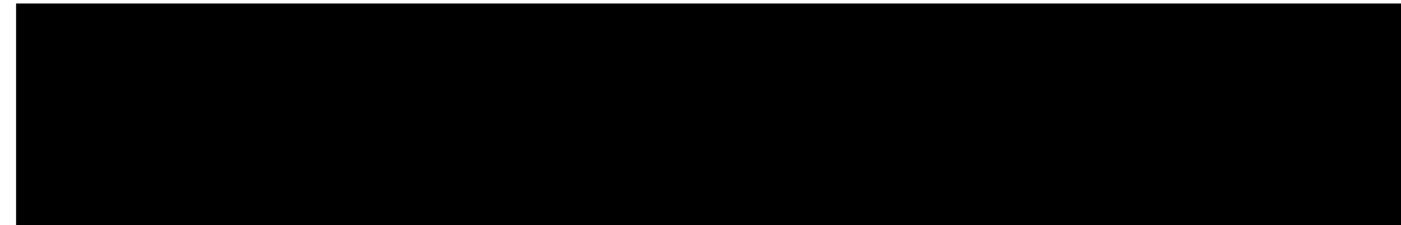
► Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03-24-15
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Waseem Ahmed

1. BUSINESS ENTITY OR TRUST

United Venture, Inc.
 Name
 P. O. Box 582, Chowchilla, CA 93610
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Development

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____ / ____ / 14 _____ / ____ / 14
 \$2,000 - \$10,000 _____ / ____ / _____ / ____ / _____
 \$10,001 - \$100,000 _____ / ____ / _____ / ____ / _____
 \$100,001 - \$1,000,000 _____ / ____ / _____ / ____ / _____
 Over \$1,000,000 _____ / ____ / _____ / ____ / _____

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation
 Other _____

YOUR BUSINESS POSITION President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

United Venture, Inc.
 Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property
 P. O. Box 582, Chowchilla, CA 93610

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / _____ / ____ / _____
 \$100,001 - \$1,000,000 _____ / ____ / _____ / ____ / _____
 Over \$1,000,000 _____ / ____ / _____ / ____ / _____

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other Corporation
 Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____ / ____ / _____ / ____ / _____
 \$2,000 - \$10,000 _____ / ____ / _____ / ____ / _____
 \$10,001 - \$100,000 _____ / ____ / _____ / ____ / _____
 \$100,001 - \$1,000,000 _____ / ____ / _____ / ____ / _____
 Over \$1,000,000 _____ / ____ / _____ / ____ / _____

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / _____ / ____ / _____
 \$10,001 - \$100,000 _____ / ____ / _____ / ____ / _____
 \$100,001 - \$1,000,000 _____ / ____ / _____ / ____ / _____
 Over \$1,000,000 _____ / ____ / _____ / ____ / _____

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
 Yrs. remaining _____

Check box if additional schedules reporting investments or real property are attached

Comments: Not reportable, informational purposes only

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Waseem Ahmed

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
United Park, Inc.

ADDRESS (Business Address Acceptable)
P. O. Box 520, Chowchilla, CA 93610

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail

YOUR BUSINESS POSITION
Consultant

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more
None
(Describe)
 Other Not reportable, informational purposes only
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
_____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: Not reportable, informational purposes only

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities

ADDRESS (Business Address Acceptable)
 P.O Box 785, Hughson, CA 95326

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 League Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 14	\$ 25.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____