

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

OMAR QUDRAT FOR CONGRESS

ADDRESS (number and street) 4565 RUFFNER ST

STE 222

Check if different than previously reported. (ACC)

SAN DIEGO

CA

92111-2203

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00647875

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

CA

52

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06 /

05 /

2018

in the State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

5. Covering Period

04 /

01 /

2018

through

05 /

16 /

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

BALESKIE, BRIANA, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BALESKIE, BRIANA, , ,

[Electronically Filed]

Date

05 /

24 /

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
OMAR QUDRAT FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10808.00	196921.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10808.00	196221.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28746.98	222920.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28746.98	222920.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42895.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	73099.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

OMAR QUDRAT FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10250.00	176921.27
(ii) Unitemized	558.00	12995.00
(iii) TOTAL of contributions from individuals	10808.00	189916.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7000.00
(d) The Candidate	0.00	5.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10808.00	196921.27
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	70000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	70000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	10808.00	266921.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28746.98	222920.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	700.00
21. OTHER DISBURSEMENTS	200.00	400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28946.98	224020.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61034.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10808.00
25. SUBTOTAL (add Line 23 and Line 24).....	71842.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28946.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42895.52

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WATSON, THERESE, , ,
Mailing Address 3747 CARMEL VIEW RD #4
City SAN DIEGO State CA Zip Code 92130-3554
FEC ID number of contributing federal political committee. C
Name of Employer BRACCO DIAGNOSTICS Occupation ACCOUNT MANAGER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2018
Transaction ID : A0342B497F8884121905
Amount of Each Receipt this Period
100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
EDIDIN, ERIC, , ,
Mailing Address 1812 S ROXBURY DRIVE
City LOS ANGELES State CA Zip Code 90035
FEC ID number of contributing federal political committee. C
Name of Employer ARCHER CAPITAL MANGEMENT Occupation FUND MANAGER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2018
Transaction ID : A073629D00AED4D0B8D5
Amount of Each Receipt this Period
2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
ROYAN, SETARA, , ,
Mailing Address 22863 LACEY OAK TERRACE
City STERLING State VA Zip Code 20166-7808
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation HOMEMAKER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2018
Transaction ID : A882FE350DF0E45B89DB
Amount of Each Receipt this Period
50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2850.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NOURI, MOHD, , ,
Mailing Address 310 AVENIDA DEL MAR APT 6

City SAN CLEMENTE	State CA	Zip Code 92672-5224
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FLUVIA TECH INC.	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2018

Transaction ID : **AB6AFE97BBA924995BDB**

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KATZ, CHARLES, , ,
Mailing Address PO BOX 162

City PACIFIC PALISADES	State CA	Zip Code 90272
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation PROGRAMMER
--------------------------	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2018

Transaction ID : **AE7307F9CC2D9449AAEA**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WATSON, THERESE, , ,
Mailing Address 3747 CARMEL VIEW RD #4

City SAN DIEGO	State CA	Zip Code 92130-3554
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BRACCO DIAGNOSTICS	Occupation ACCOUNT MANAGER
--	-------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2018

Transaction ID : **AE1C8898C1DC443DC953**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 7 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SIMMS, RONALD, , ,

Mailing Address 9320 WILSHIRE BLVD
SUITE 300

City BEVERLY HILLS State CA Zip Code 90212-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer SIMMS COMMERCIAL DEVELOPMENT Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2018

Transaction ID : **A2EB82BCF089A4C2B84B**

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HAYUTIN, MICHAEL, , ,

Mailing Address 3412 LADY HILL ROAD

City SAN DIEGO State CA Zip Code 92130

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2018

Transaction ID : **A290AC07EC32F4555AB4**

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KHALILZAD, ZALMAY, , ,

Mailing Address 1621 N. KENT ST.
STE 700

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer KHALILZAD ASSOCIATES LLC Occupation CONSULTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2018

Transaction ID : **AC491377648B34306B3F**

Amount of Each Receipt this Period
1700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WHIPPLE, MICHAEL, , ,
Mailing Address 30896 RIVERA PL.
City LAGUNA NIGUEL State CA Zip Code 92677-2455
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation FINANCIAL ADVISOR
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1075.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2018
Transaction ID : **AC805DD4A726C4C95A1E**
Amount of Each Receipt this Period
500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
NOURI, MOHD, , ,
Mailing Address 310 AVENIDA DEL MAR APT 6
City SAN CLEMENTE State CA Zip Code 92672-5224
FEC ID number of contributing federal political committee. **C**
Name of Employer FLUVIA TECH INC. Occupation ENGINEER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2018
Transaction ID : **A64633D56C9414EAE934**
Amount of Each Receipt this Period
100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
ROYAN, SETARA, , ,
Mailing Address 22863 LACEY OAK TERRACE
City STERLING State VA Zip Code 20166-7808
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation HOMEMAKER
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2018
Transaction ID : **AB3812C164CB34B5ABD5**
Amount of Each Receipt this Period
50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KORBATOV, LISA, , ,

Mailing Address **624 NORTH RODEO DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FISCH PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2018

Transaction ID : **AB61C2EF6352F4ACB861**

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

_____ 500.00

_____ 10250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESS FEE	Category/Type 003	
Candidate Name		Amount of Each Disbursement this Period 318.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B38FF58645645470BA74
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BB CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2018
Mailing Address 970 SEACOAST DRIVE SUITE 7		FEC Identification Number C
City IMPERIAL BEACH	State CA	Zip Code 91932
Purpose of Disbursement ACCOUNTING SERVICES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1506.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B01D81FFF2C4F4E57B9D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ARISTOTLE, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2018
Mailing Address 205 PENNSYLVANIA AVE., SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement SOFTWARE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B66C1DDD7B7934E9A90C
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2925.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GONZALEZ, BENJAMIN, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2018		
Mailing Address 8685 RIO SAN DIEGO DRIVE SUITE 4411			FEC Identification Number C		
City SAN DIEGO	State CA	Zip Code 92108-6561	Amount of Each Disbursement this Period 2250.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type 001	Transaction ID : B436848CCB29C4B8E879		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. J BEST & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2018		
Mailing Address 2925 SOUTH 120TH STREET			FEC Identification Number C		
City OMAHA	State NE	Zip Code 68144-4310	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement FUNDRAISING SERVICES		Category/ Type 003	Transaction ID : B7D72AFECB4414A1AAF8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2018		
Mailing Address 300 FIRST STREET, S.E.			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1060.00		
Purpose of Disbursement FUNDRAISING FOOD AND BEVERAGES		Category/ Type 003	Transaction ID : BEC32EB6B262746BC9A6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8310.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KRAFT, ZACHARY, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2018		
Mailing Address 15876 BENT TREE ROAD			FEC Identification Number C		
City POWAY	State CA	Zip Code 92064-2355	Amount of Each Disbursement this Period 1100.00		
Purpose of Disbursement CAMPAIGN STRATEGY SERVICES		Category/ Type 001	Transaction ID : B3D24765BD84B4B1EB2A		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. JONES, BRANDON, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2018		
Mailing Address 5312 WEST FALLS DRIVE			FEC Identification Number C		
City SAN DIEGO	State CA	Zip Code 92115	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type 001	Transaction ID : B39472FA27568412B88C		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. JONES, BRANDON, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2018		
Mailing Address 5312 WEST FALLS DRIVE			FEC Identification Number C		
City SAN DIEGO	State CA	Zip Code 92115	Amount of Each Disbursement this Period 66.77		
Purpose of Disbursement REIMBURSEMENT FOR COFFEE AND PARKING		Category/ Type 001	Transaction ID : BEC1B0AEA281C414CB86		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2666.77
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BB CAMPAIGNS			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2018		
Mailing Address 970 SEACOAST DRIVE SUITE 7			FEC Identification Number C		
City IMPERIAL BEACH	State CA	Zip Code 91932	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type 001	Transaction ID : BA6F0691398F14DF3978		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2018		
Mailing Address PO BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884	Amount of Each Disbursement this Period 154.10		
Purpose of Disbursement CREDIT CARD PROCESS FEE		Category/ Type 003	Transaction ID : B97D29C7A00D5457C907		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. VOELKER REAL ESTATE HOLDINGS, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2018		
Mailing Address 2261 FLATIRON WAY			FEC Identification Number C		
City SAN MARCOS	State CA	Zip Code 92078-2143	Amount of Each Disbursement this Period 600.00		
Purpose of Disbursement OFFICE RENT		Category/ Type 001	Transaction ID : B20B3EEF53FC54FE69BD		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2254.10
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE ART PLACE		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2018
Mailing Address 9879 HILBERT STREET SUITE A		FEC Identification Number C
City SAN DIEGO	State CA	Zip Code 92131-1058
Purpose of Disbursement BANNERS	Category/ Type 004	
Candidate Name		Amount of Each Disbursement this Period 405.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B0533298D1D0F4C579E4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. J BEST & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2018
Mailing Address 2925 SOUTH 120TH STREET		FEC Identification Number C
City OMAHA	State NE	Zip Code 68144-4310
Purpose of Disbursement FUNDRAISING SERVICES	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB7AF05809AFC4D34A4C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GONZALEZ, BENJAMIN, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2018
Mailing Address 8685 RIO SAN DIEGO DRIVE SUITE 4411		FEC Identification Number C
City SAN DIEGO	State CA	Zip Code 92108-6561
Purpose of Disbursement CAMPAIGN STAFF	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA446A49648344517BF0
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5155.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PLUVIOUS GROUP LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2018	
Mailing Address 515 S FIGUEROA STREET 16TH FLOOR			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90071-3301	Amount of Each Disbursement this Period 2825.00	
Purpose of Disbursement FUNDRAISING SERVICES		Category/ Type 003	Transaction ID : BF2A54211AD7641E4BEC	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2018	
Mailing Address PO BOX 84314			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70884	Amount of Each Disbursement this Period 142.60	
Purpose of Disbursement CREDIT CARD PROCESS FEE		Category/ Type 003	Transaction ID : B771DA7A5E1844C07BCF	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. J BEST & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2018	
Mailing Address 2925 SOUTH 120TH STREET			FEC Identification Number C	
City OMAHA	State NE	Zip Code 68144-4310	Amount of Each Disbursement this Period 1974.99	
Purpose of Disbursement TRAVEL AND ROOM RENTAL		Category/ Type 001	Transaction ID : B8013EB643C014927B94	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4942.59
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IDNANI, MONICA, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2018	
Mailing Address 58580 SANTA BARBARA DRIVE		FEC Identification Number C	
City YUCCA VALLEY	State CA	Zip Code 92284-6417	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement CAMPAIGN STRATEGY SERVICES		Category/ Type 001	Transaction ID : B5C828A828DFC4CB9864
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	28254.08

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF SAN DIEGO COUNTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2018
Mailing Address 7185 NAVAJO ROAD, STE P		FEC Identification Number C C00252551
City SAN DIEGO	State CA	Zip Code 92119
Purpose of Disbursement POLITICAL CONTRIBUTION		011
Candidate Name REPUBLICAN PARTY OF SAN DIEGO COUNTY		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 200.00
State: District:		Transaction ID : B33C6F0EE9B6E4E31941 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	200.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **OMAR QDRAT FOR CONGRESS** Transaction ID : **C853D5F06566D462A973**

LOAN SOURCE Full Name (Last, First, Middle Initial) QUDRAT, OMAR, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4833 RESERVOIR RD NW			
City WASHINGTON	State DC	ZIP Code 20007-1543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 70000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 06 / D 29 / Y 2017	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	70000.00
TOTALS This Period (last page in this line only).....▶	70000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
OMAR QUDRAT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor J BEST & COMPANY			Nature of Debt (Purpose): TRAVEL AND ROOM RENTAL
Mailing Address 2925 SOUTH 120TH STREET			
City OMAHA	State NE	Zip Code 68144-4310	

Outstanding Balance Beginning This Period 1974.99	Transaction ID : D65FE8C6319DC41109B0	
Amount Incurred This Period 0.00	Payment This Period 1974.99	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDNANI, MONICA, , ,			Nature of Debt (Purpose): CAMPAIGN STRATEGY SERVICES
Mailing Address 58580 SANTA BARBARA DRIVE			
City YUCCA VALLEY	State CA	Zip Code 92284-6417	

Outstanding Balance Beginning This Period 3999.00	Transaction ID : D46E532BFD94347F88BF	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 1999.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KRAFT, ZACHARY, , ,			Nature of Debt (Purpose): CAMPAIGN STAFF
Mailing Address 15876 BENT TREE ROAD			
City POWAY	State CA	Zip Code 92064-2355	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D29752ED9955B45D380E	
Amount Incurred This Period 1100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1100.00

1) SUBTOTALS This Period This Page (optional)	3099.00
2) TOTALS This Period (last page this line number only)	3099.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	70000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	73099.00