



Filing ID #10018060

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Ahmed Salim
Status: Congressional Candidate
State/District: IL07

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2017
Filing Date: 08/21/2017

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Lodi Health 403B ⇒ MWTRX		\$15,001 - \$50,000	Tax-Deferred		
Presence Health 403B ⇒ VINIX		\$15,001 - \$50,000	Tax-Deferred		
Presence Health 457B ⇒ VINIX		\$1,001 - \$15,000	Tax-Deferred		
Sutter Health 403B ⇒ FID FREEDOM K 2050 (FFKHX)		\$15,001 - \$50,000	Tax-Deferred		
DESCRIPTION: 403b at Sutter Health.					

* Asset class details available at the bottom of this form.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Presence hEALTH	Salary	\$90,000.00	\$120,000.00
Northwestern Memorial Hospital	Spouse Salary	\$40,000.00	\$81,000.00

Source	Type	Amount Current Year to Filing	Amount Preceding Year
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SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

Position	Name of Organization
Secretary	Comply guys Inc

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Sheridan Memorial Hospital (Sheridan, WY, US)	For Comply Guys that have contracted us for their services

SCHEDULE A ASSET CLASS DETAILS

- Lodi Health 403B
- Presence Health 403B
- Presence Health 457B
- Sutter Health 403B

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Ahmed Salim , 08/21/2017