

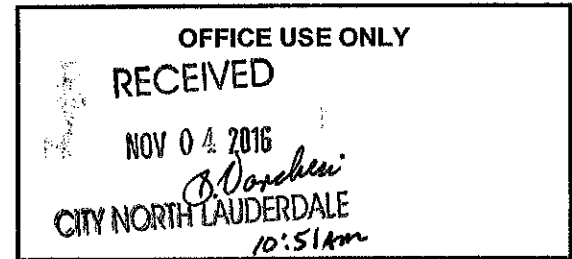
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ana M. Ziade
Name

(2) 1102 SW 82 Avenue
Address (number and street)

North Lauderdale, FL 33068
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner, District D
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 | 22 | 2016 To 11 | 03 | 2016 Report Type: 2016 G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 100.00

In-Kind \$ _____, _____, 575.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 8.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 8.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,700.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,369.91

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Ana M. Ziade

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Ana M. Ziade*
Signature

(Type name) Ana M. Ziade

Candidate Chairperson (only for PC and PTY)

X *Ana M. Ziade*
Signature

2016 G 7
Ag.

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ana M. Ziade (2) I.D. Number _____
 (3) Cover Period 10/22/2016 through 11/03/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/31/2016	TD Bank 490 North State Road 7 Margate, FL 33063	Bank Charge	NON		\$8.00
1					
11					
11					
11					
11					
11					
11					
11					
11					

2016 G7


CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ana M. Ziade (2) I.D. Number _____

(3) Cover Period 10 | 22 | 2016 through 11 | 03 | 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11 01 2016	McCarthy, Mark J. 3001 South Course Dr. #503 Pompano Bch., FL 33069	I	Insurance Adjuster	CHE			\$100.00
1							
11 01 2016	Catalog Kings 1004 Old Tree Ct. Nashville, TN 37210	B	Printer	INK	Postcards (Printing/Shipping)		\$575.00
2							
1 1							
1 1							
1 1							
1 1							