

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: _____

OFFICE USE ONLY
RECEIVED
SEP 02 2016
CITY NORTH LAUDERDALE B.O.

(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 08 | 01 | 2016 To 08 | 31 | 2016 Report Type: 2016 M8

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 200.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 8.40

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 8.40

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,600.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 928.46

(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 [Signature]
Signature

(Type name) Ana M. Ziade

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08 | 01 | 2016 through 08 | 31 | 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
08 30 2016	Martin, Alberto 4 Lexington Ave, 13th New York, NY 10010	I	Interpreter	CHE			\$200.-
1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

AS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 08/01/2016 through 08/31/2016 (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					
08/31/2016	TD Bank 490 N. State Rd. 7 Margate, FL 33063	Bank Charge	MON		\$8.40
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

Handwritten mark