

CAMPAIGN TREASURER'S REPORT SUMMARY

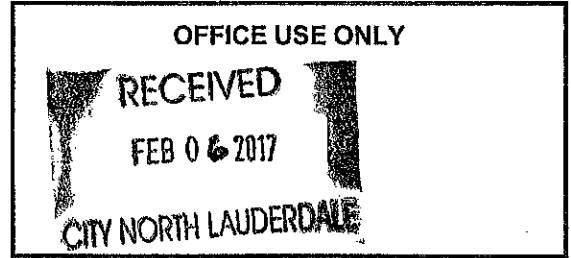
(1) Ana M. Ziade
Name

(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 11/04/2016 To 02/06/2017 Report Type: 2016 TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____.

Loans \$ _____, _____, _____.

Total Monetary \$ _____, _____, _____.

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____.

Transfers to Office Account \$ _____, _____, _____.

Total Monetary \$ _____, _____, _____.

(8) Other Distributions
\$ _____, _____, 330.09

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,700.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,700.00

(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 DISTRIBUTIONS

(1) Name Ana M. Ziade (2) I.D. Number 2016 TR
 (3) Cover Period 11/04/2016 through 02/06/2017 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
11/1	Ziade, Ana M. 1102 SW 82 Ave. N. Land, FL 33068	Reimbursement			# 330.09	RMB
11/1						
11/1						
11/1						
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