

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jibreel R. Ali
Name

(2) P.O. Box 551539
Address (number and street)

Deland, FL 32805
City, State, Zip Code

OFFICE USE ONLY

ORL CITY CLERK
FEB3'17 PM12:34

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 1 / 1 / 17 To 1 / 31 / 17 Report Type: MI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 230 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 217 . 62

In-Kind \$ _____ , _____ , 82 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , 62 . 38

(8) Other Distributions

\$ _____ , _____ , 62 . 38

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 447 . 62

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 62 . 38

(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) Ronaa' F. Ali

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

Ronaa' F. Ali
Signature

(Type name) Jibreel R. Ali

Candidate Chairperson (only for PC and PTY)

J R. Ali
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jibreel R. Ali (2) I.D. Number _____

(3) Cover Period 1 / 1 / 17 through 1 / 31 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
1 11 17	MABLE Butler 1820 MABLE Butler Ave Orlando, FL 32805	I	Retired	CHE			\$125.00
1 19 17	RONAN F. Ali 545 Veen Dr. Orlando, FL 32805	I	Retired	MON INK	P.O. Box		\$ 82.00
1 23 17	Titus Deas 225 Quail Roofs Dr Quincy, FL 32352	I	Bishop	MON			\$100.00
1 23 17	Graeie Casey 342 Amador Circle Orlando, FL 32810	I	Retired	MON			\$ 5.00
1 1							
1 1							
1 1							