

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ondria James  
Name

(2) PO Box 555483  
Address (number and street)  
Orlando, FL 32805  
City, State, Zip Code

**OFFICE USE ONLY**

ORL CITY CLERK  
MAY 31 '17 PM 1:05

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner District 5
- 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 04 / 01 / 2017 To 04 / 30 / 2017 Report Type: MA

- Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$        , 5 , 000 . 00

Loans                      \$        ,        ,        .       

Total Monetary      \$        , 5 , 000 . 00

In-Kind                    \$        ,        ,        .       

**(7) Expenditures This Report**

Monetary Expenditures      \$        ,        , 0 . 00

Transfers to Office Account      \$        ,        ,        .       

Total Monetary      \$        ,        , 0 . 00

**(8) Other Distributions**

\$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        , 5 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$        ,        , 0 . 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) Jeremiah A Burqman

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

Signature [Signature]

(Type name) Ondria James

- Candidate       Chairperson (only for PC and PTY)

Signature [Signature]

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name ONDRIA JAMES (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 1 1 17 through 4 30 17 (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
4, 8, 17	MANY MANORNS LLC PO Box 550220 ORLANDO, FL 32805	B	PROPERTY INVESTOR	RCT			5000.00
001							
1 1							
1 1							
1 1							
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1 1							
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