

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Onelia James
Name

(2) 520 South DOLLINS AVE
Address (number and street)

Orlando, Florida 32805
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY 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 09 / 01 / 17 To 10 / 06 / 17 Report Type: G1

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 300 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 160 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 160 . 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 Burgman

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

X Jeremiah Burgman
Signature

(Type name) Onelia James

Candidate Chairperson (only for PC and PTY)

X Onelia James
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ONDREA JAMES (2) I.D. Number _____

(3) Cover Period 09/01/17 through 10/06/17 (4) Page _____ of _____

(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		
09/08/17	ONDREA JAMES 520 SOUTH DOLLINS AVE ORLANDO, FL 32805	S	CANDIDATE TO SELF	LOA	CAS		300.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ONDRIA JAMES (2) I.D. Number _____

(3) Cover Period 09/01/17 through 10/06/17 (4) Page _____ of _____

(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					
09/08/17	ONDRIA JAMES 520 SOUTH DUKINS AVE ORLANDO, FLA 32805	CITY OF ORLANDO COMMISSIONER DISTRICT 5	CAN		1,160
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