CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Altaf Ahmed	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	7865 NW 11th St	Submitted on:								
	Address (number and street) Plantation, FL 33322	8/17/2018 19:52:53 (eastern)								
	City, State, Zip Code	<del></del>								
	☐ Check here if address has changed	(3) ID Number: 474								
(4)	Check appropriate box(es):									
V -7	☐ Candidate Office Sought: County Commission	sion, Dist. 6								
	Political Committee (PC)	Charle have if DC as ECO has dishanded								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>								
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
(5) Report Identifiers										
Cove	er Period: From <u>8</u> / <u>4</u> / <u>2018</u> To	8 / 10 / 2018 Report Type: P6								
X O	original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	h & Checks \$ , , 0 . 00	Expenditures \$ , , <u>330</u> . <u>00</u>								
Loar	ns \$ , , 0.00	Transfers to								
Loui	, ,	Office Account \$ , , 0 . 00								
Tota	Il Monetary \$,,0 . 00									
		Total Monetary \$ , , <u>330</u> . <u>00</u>								
In-Ki	ind \$,,,000									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>7</u> , <u>500</u> . <u>00</u>	\$ , , <u>722</u> . <u>99</u>								
	(11) Certification									
	It is a first degree misdemeanor for any person									
I certify that I have examined this report and it is true, correct, and complete:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Altaf Ahmed (2) I.D. Number 474							
(3) Cover Perio	8/4/2018 od///	thro		/10/2018 ///	(4) Pag	e	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _A	Altaf Ahmed					 (2) I.D. Number			474		
		8/4/2	018		8/10/2	018	**				
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/9/2018	Printing Shop, SI 291 W Sunrise Blvd, Fort Lauderdale Sunrise, FL 33311	flyer & yard ទៅថ្នានិ311 paid by check#1008	МО		\$230.00
8/9/2018	Tshiart, SI 291 W Sunrise Blvd, Fort Lauderdale Sunrise, FL 33311	flyer p <b>w</b> id3 <b>b</b> y check#1009	МО		\$100.00
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