

### CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ashira Mohammed  
Name

(2) 4891 SW 36th Ct  
Address (number and street)

Pembroke Pines FL 33023  
City, State, Zip Code

Check here if address has changed

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

OFFICE USE ONLY  
**Town of Pembroke Park**  
**Clerk's Office**  
**JUN - 8 2023**  
**Received**

(4) Check appropriate box(es):

Candidate Office Sought: 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 03 / 10 / 23 To 6 / 8 / 23 Report Type: 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

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

#### (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) Ashira Mohammed

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

X [Signature]

Signature

(Type name) Ashira Mohammed

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

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

(1) Name Ashira Muhammad (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3 / 10 / 23 through 6 / 8 / 23 (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) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Ashira Mohammed (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3 / 10 / 23 through 6 / 8 / 23 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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