

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2022 JUN 16 PM 4:10

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Michael Ibrahim

3. Address (include post office box or street, city, state, zip code)

3716 Ivy Green Trl
Tallahassee, FL, 32311

4. Telephone

(954) 854 4158

5. E-mail address

michelamad20055@gmail.com

6. Office sought (include district, circuit, group number)

Mayor of Tallahassee
seat (4) city Commission

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Michael Ibrahim

11. Mailing Address

3716 Ivy Green Trl

12. Telephone

(954) 854 4158

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32311

17. E-mail address

michelamad20055@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

First Commerce Credit Union

20. Address

2330 Mahan Dr

21. City

Tallahassee

22. County

Leon

23. State

FL

24. Zip Code

32308

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/16/2022

26. Signature of Candidate

X Michel Ibrahim

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Michael Ibrahim, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/16/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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RECEIVED

2022 APR -1 A 9:05

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Michael Ibrahim

3. Address (include post office box or street, city, state, zip code)

3507 Daylily Ln
Tallahassee, FL, 32308

4. Telephone

(954) 854 4158

5. E-mail address

michelemad2005@gmail.com

6. Office sought (include district, circuit, group number)

Mayor of Tallahassee
Seat 4 City Commission

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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25. Date

4/1/2022

26. Signature of Candidate

X Michael Ibrahim

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Michael Ibrahim, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/1/2022
Date

X Michael Ibrahim
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

2022 APR -1 A 9:05

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, Michael Ibrahim,
candidate for the office of Mayor of Tallahassee
seat 4 of city commission
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Michael Ibrahim
Signature of Candidate

4/1/2022
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

Mark S. Earley
Supervisor of Elections
Leon County, Florida

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 JUN 16 PM 4:10


RECEIPT FOR QUALIFYING FEE

Received this 16 day of JUNE, 2022 from Michael Ibrahim
(Candidate's name)

campaign check number 0101 in the amount of \$ 839.45, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

City of Tallahassee Mayor
(Office sought)


SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Leon County Judge	\$6,255.08
Leon County Commission	\$3,357.80
Leon County School Board	\$1,634.24
City of Tallahassee Mayor	<u>\$839.45</u>
Tallahassee City Commission	\$419.73
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00

*Note:

1. All local offices up for election this year are nonpartisan, which is why there are not multiple qualifying fee options.
2. The qualifying fees are based on a percentage of the salary as of July 1, 2021 per 99.092(1) F.S.
3. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office or mayor** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

CITY OF TALLAHASSEE OATH
(Section 7-5(a), City of Tallahassee Charter)

OFFICE USE ONLY
RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2022 JUN 16 PM 4:10

STATE OF FLORIDA
COUNTY OF LEON
CITY OF TALLAHASSEE

Before me, an officer authorized to administer oaths and take acknowledgments, personally appeared Michael Ibrahim, who being first duly sworn says that he or she is a candidate for nomination for the office of (mayor or city commissioner) for the Full term (unexpired or full) term municipal primary election to be held in the year 2022; that he or she is a resident and qualified elector in the City of Tallahassee; that he or she is duly qualified to hold office under the constitution and laws of the State of Florida, and that he or she has not violated any of the laws of the city or state relating to primary or general elections or the registration of voters therefore.

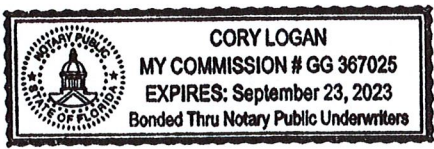
Michael Ibrahim
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 16 day of June, A.D., 2022,
in the City of Tallahassee, Florida.

Cory Logan
NOTARY PUBLIC

Personally Known: _____ or
Produced Identification: ✓
Type of Identification Produced:

FL DL



**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 JUN 16 PM 4:10

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Michael "Mike" Ibrahim,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor of Tallahassee,
(Office) (District #)

seat 4; I am a qualified elector of Leon County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 118-906-057

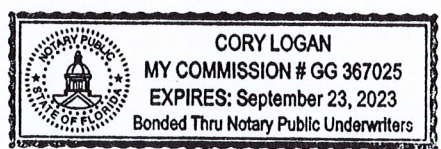
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Michel (954) 854 4158 michel.ernad.20055@gmail.com
Signature of Candidate Telephone Number Email Address
3716 Ivy Green Trl, Tallahassee, FL, (32306) 32311
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Leon

Cory Logan
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 16 day of June, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: FL DL



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

Please print or type your name, mailing address, agency name, and position below:

RECEIVED
FOR OFFICE USE ONLY:
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 JUN 16 PM 4:10

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Ibrahim, Michael

MAILING ADDRESS :

3716 Ivy Green Trl

CITY :

Tallahassee

ZIP :

32311

COUNTY :

leon

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : City Commission
seat "4" Mayor of Tallahassee

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Tallahassee Tire	2425 Springhill Rd	Automotive
Port Inc	Tallahassee FL	Customization
	32305	Shop

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Quid, Divo, Mo, Stocks	(Michael Abraham) Quid, Divo Mo,

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Movment mortgage LLC	8024 Calvin Hall, Indian Land, SC 29707

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Tallahassee Five Feet	
ADDRESS OF BUSINESS ENTITY	2425 Springhill Rd	
PRINCIPAL BUSINESS ACTIVITY	New tires sale	
POSITION HELD WITH ENTITY	CEO	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	I own 100% of it	
NATURE OF MY OWNERSHIP INTEREST	INC Full ownership	

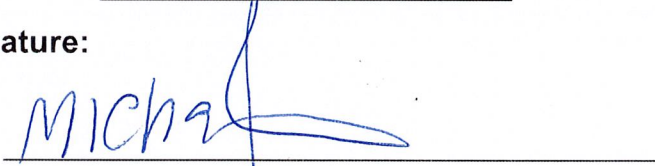
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

6/16/2022

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.