

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amy L. Rosen
 Name
 (2) 5247 SW 120 Aveue
 Address (number and street)
Cooper City, FL 33330
 City, State, Zip Code

OFFICE USE ONLY

10-28-16P04:28 RCVD

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es): Cooper City Commission, District 4

Candidate Office Sought: _____
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 08 / 2016 To 10 / 21 / 2016 Report Type: G6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 50 . 00
 Loans \$ _____, _____, _____ . 0
 Total Monetary \$ _____, _____, 50 . 00
 In-Kind \$ _____, _____, 25. . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 250 . 00
 Transfers to Office Account \$ _____, _____, _____ . 0
 Total Monetary \$ _____, _____, 250 . 00

(8) Other Distributions
 \$ _____, _____, _____ . 0

(9) TOTAL Monetary Contributions To Date
 \$ _____, _____, 1324 . 96

(10) TOTAL Monetary Expenditures To Date
 \$ _____, _____, 1315 . 65

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

x Catherine Cormier
 Signature

(Type name) Amy L. Rosen
 Candidate Chairperson (only for PC and PTY)

x Amy L. Rosen
 Signature

Amy L. Rosen

(1) Name _____

(2) I.D. Number _____

(3) Cover Period 10 / 08 / 2016 through 10 / 21 / 2016

(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							
10 / 20 / 2016 1	John Orlando 11532 SW 55 CT COOPER CITY FL 33330	I		CAS			\$ 25.00
10 / 20 / 2016 2	Kathy Orlando 11532 SW 55 CT COOPER CITY FL 33330	I		CAS			\$ 25.00
10 / 08 / 2016 3	Samantha Jenkins 5247 SW 120 Avenue Cooper City, FL 33330	I		INK			\$ 25.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy L. Rosen

(2) I.D. Number _____

(3) Cover Period 10 / 08 / 2016 through 10 / 21 / 2016

(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					
10 / 13 / 2016	City of Cooper City, FL 9090 SW 50 Place Cooper City, FL 33328	Sign Bond	MON		\$ 250.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					