

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amy L. Rosen
Name

(2) 5247 SW 120 Avenue
Address (number and street)

Cooper City, FL 33330
City, State, Zip Code

OFFICE USE ONLY

09-12-16 A09:27 IN

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 07 / 01 / 2016 To 07 / 31 / 2016 Report Type: M7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 01

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 101 . 01

In-Kind \$ _____ , _____ , _____ . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

Transfers to Office Account \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 320 . 01

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 220 . 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) 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 Rosen
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Amy L. Rosen (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2016 through 07 / 31 / 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							
07 / 28 / 2016 1	Amy L. Rosen 5247 SW 120 Avenue Cooper City, FL 33330	S		LOA			\$ 100.00
07 / 28 / 2016 2	Amy L. Rosen 5247 SW 120 Avenue Cooper City, FL 33330	S		CAS			\$.01
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy Rosen

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2016 through 07 / 31 / 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					
07 / 08 / 2016	Regions Bank/Harland Clarke Checks 9100 Griffin Road Cooper City, FL 333328	Harland Clark Check Orders Amy L Rosen CA	MON		\$ 44.22
1					
07 / 11 / 2016	Regions Bank/Harland Clarke Checks 9100 Griffin Road Cooper City, FL 333328	Bank Credit Fee Refund for Check Orders Amy L Rosen CA	REF		(\$- 44.22)
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					