

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amy Rosen  
Name

(2) 5247 S.W. 120 Avenue  
Address (number and street)

Cooper City, Fl. 33330  
City, State, Zip Code

**OFFICE USE ONLY**

07-06-16A10-67PE

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate    Office Sought: Cooper City Commission, District Four (4)

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 6 / 01 / 2016 To 6 / 30 / 2016 Report Type: 2016 MG

Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ NONE , \_\_\_\_ . \_\_\_\_

Loans    \$ \_\_\_\_ , \_\_\_\_ , 220 . 00

Total Monetary    \$ \_\_\_\_ , \_\_\_\_ , 220 . 00

In-Kind    \$ NONE , \_\_\_\_ . \_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_ , \_\_\_\_ , 220 . 00

Transfers to Office Account    \$ NONE , \_\_\_\_ . \_\_\_\_

Total Monetary    \$ NONE , \_\_\_\_ . \_\_\_\_

**(8) Other Distributions**

\$ NONE , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

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

\$ \_\_\_\_ , \_\_\_\_ , 220 . 00

**(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 Rosen

Candidate     Chairperson (only for PC and PTY)

**X** Amy Rosen  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy Rosen

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 01 / 2016 through 06 / 30 / 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					
06 / 24 / 2016	City of Cooper City P.O. Box 290910 9090 SW 50th Place Cooper City, FL 33328	Qualifying Fee	Mon		220.00
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