

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amy L. Rosen

(2) Name
5247 SW 120 Avenue

Address (number and street)
Cooper City, FL 33330

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

11-04-16A09:51 RCVD

(3) ID Number: _____

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

- 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 10 / 22 / 2016 To 11 / 03 / 2016 Report Type: G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 5 00

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

Total Monetary \$ _____ , _____ , _____ . 5 00

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . 1324 96

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . 1320 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:

Catherine Cormier
(Type name)

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

X Catherine Cormier
Signature

Amy Rosen
(Type name)

Candidate Chairperson (only for PC and PTY)

X Amy Rosen
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy L. Rosen

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 2016 through 11 / 03 / 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 / 31 / 2016	Regions Bank 9100 Griffin Road Cooper City, FL 33328	Bank Fee	MON		\$ 5.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 22 / 2016 through 11 / 03 / 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							
/ /							
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