

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amy Rosen

Name

(2) 5247 SW 120 Avenue

Address (number and street)

Cooper City, FL 33330

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate Office Sought: Cooper City Commissioner, District 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 08 / 01 / 2020 To 08 / 31 / 2020 Report Type: M8

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 260 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 220 . 00

(11) Certification

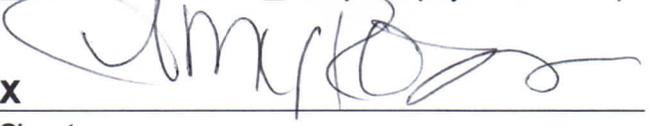
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Amy Rosen
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

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

X 
 Signature

(1) Name Amy Rosen

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 31 / 2020

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(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	No Contributions This Report						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy Rosen

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 31 / 2020

(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					
/ /	No Expenditures This Report				
/ /					
/ /					
/ /					
/ /					
/ /					