

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

OFFICE USE ONLY

02-06-17P12:08 RCVD

02-06-17P12

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(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 \$ None, _____, _____ . _____

Loans \$ None, _____, _____ . _____

Total Monetary \$ None, _____, _____ . _____

In-Kind \$ None, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 5 . 00

Transfers to Office Account \$ None, _____, _____ . _____

Total Monetary \$ _____, _____, 5 . 00

(8) Other Distributions

\$ None, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1419 . 23

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1374 . 87

(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 CONTRIBUTIONS

(1) Name Amy 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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
None / /	No Contributions on this report						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy 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 Rod Cooper City, FL 33328	Bank Fee	MON		5.00
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