





(1) Name Amy Rosen

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

(3) Cover Period June / 1 / 2020 through June / 30 / 2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
June 2 2020 / /	Rosen, Amy 5247 SW 120 Avenue Cooper City, FL 33330	S	Dispatcher	LOA			\$260.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amy Rosen

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

(3) Cover Period June / 1 / 2020 through June / 30 / 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					
June / 10 / 2020	City of Cooper City 9090 SW 50 Place Cooper City, FL 33328	Qualifying Fee	MON		\$220.00
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