

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Dan Booker**

Name _____

(2) 1617 East River Drive

Address (number and street) _____

Margate, FL 33063

City, State, Zip Code _____

Check here if address has changed

MARGATE
OFFICE USE ONLY

OCT 10 2019

(4) Check appropriate box(es):

Candidate Office Sought: Margate City Commission Seat #2

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

(3) ID Number: _____

QUALIFYING OFFICES

(5) Report Identifiers

Cover Period: From 09/01/19 To 09/30/19 Report Type: 2019M9

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 \$ 20.00

Transfers to Office Account \$ 0

Total Monetary \$ 20.00

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 1,350.00

(10) TOTAL Monetary Expenditures To Date

\$ 169.31

(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)

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

X 
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Dan Booker (2) I.D. Number OCT 10 2019

(3) Cover Period 9/1/19 through 9/30/19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment
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QUALIFYING OFFICES

MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Dan Bookler (2) I.D. Number OCT 10 2019

(3) Cover Period 09/01/19 through 09/30/19 (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					
9/15/19	City National Bank	Monthly service fee	CAN		20.00
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