

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **DANIEL BOOKER**

Name

(2) **1617 EAST RIVER DRIVE**

Address (number and street)

MARGATE, FL 33063

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(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

(5) Report Identifiers

Cover Period: From 08 / 01 / 2019 To 08 / 30 / 2019 Report Type: 2019-M8

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 100.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 100.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 20.00 , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ 20.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 1350.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 149.31 , ____ , ____ . ____

(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)

Dan Booker

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

X

Signature

(Type name)

Dan Booker

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DANIEL BOOKER

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2019 through 08 / 31 / 2019

(4) Page 3 of 3

SEP 23 2020

(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
08 / 15 / 19	CITY NATIONAL BANK	MONTHLY SERVICE FEE	CAN	DEL	\$20.00
1					
08 / 15 / 19	CITY NATIONAL BANK 9750 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	SERVICE FEE	MON	ADD	\$20.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					