

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: _____

OFFICE USE ONLY

SEP 23 2020

QUALIFYING OFFICES

(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 09 / 01 / 2019 To 09 / 30 / 2019 Report Type: 2019-M9

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

\$ 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)

Dan Booker

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

(Type name)

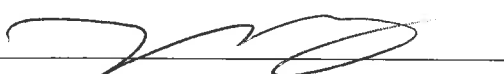
Dan Booker

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature



X

Signature



MARGATE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DANIEL BOOKER

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019(4) Page 3 of 3

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(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
09 / 15 / 19	CITY NATIONAL BANK	MONTHLY SERVICE FEE	CAN	DEL	20.00
1					
09 / 15 / 19	CITY NATIONAL BANK 9750 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	SERVICE FEE	MON	ADD	20.00
1					
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