

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) DANIEL BOOKER**

Name \_\_\_\_\_

*MARGATE*  
OFFICE USE ONLY

(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: \_\_\_\_\_

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

X

*Dan Booker*

Signature

(Type name)

*Dan Booker*

Candidate

Chairperson (only for PC and PTY)

X

*Dan Booker*

Signature

## **CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

**(1) Name** DANIEL BOOKER

**(2) I.D. Number**

**(3) Cover Period** 09 / 01 / 2019 through 09 / 30 / 2019

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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
(6) Sequence Number					
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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