

## 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

### (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)

**OFFICE USE ONLY**  
**MARGATE**

(3) ID Number: \_\_\_\_\_

SEP 23 2020

**QUALIFYING OFFICES**

### (5) Report Identifiers

Cover Period: From 01 / 01 / 2020 To 01 / 31 / 2020 Report Type: 2020-M1

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

\$ 1,350.00,       ,        .       

### (10) TOTAL Monetary Expenditures To Date

\$ 299.31,       ,        .       

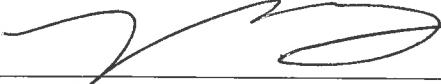
### (11) Certification

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) **DANIEL BOOKER**

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

X 

Signature

(Type name) **DANIEL BOOKER**

Candidate  Chairperson (only for PC and PTY)

X 

Signature

## CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DANIEL BOOKER

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

**(3) Cover Period** 01 / 01 / 2020 **through** 01 / 31 / 2020

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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					
01 / 16 / 20	CITY NATIONAL BANK	MONTHLY SERVICE FEE	CAN	DEL	\$20.00
1					
01 16 / 20	CITY NATIONAL BANK 9750 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	SERVICE FEE	MON	ADD	\$20.00
1					
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