

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 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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DANIEL BOOKER

(2) I.D. Number _____

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

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