CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _Rebecca A (Becky) Tooley_
Name

(2) _4411 Coconut Creek Blvd_
Address (number and street)

Coconut Creek, Fl 33066
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate   Office Sought: _Coconut Creek Commission District A_

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)   ☐ **Check here if PC or ECO has disbanded**

☐ Party Executive Committee (PTY)   ☐ **Check here if PTY has disbanded**

☐ Independent Expenditure (IE) (also covers an   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From _02_ / _23_ / _2019_ To _03_ / _08_ / _2019_ Report Type: _2019 G4_

☐ Original   ☒ Amendment   ☐ Special Election Report

(6) **Contributions This Report**	(7) **Expenditures This Report**
Cash & Checks $ ____ , ____ , ____ . ____	Monetary Expenditures $ __ , _3,643—_
Loans $ ____ , ____ , ____ . ____	Transfers to Office Account $ ____ , ____ , ____ . ____
Total Monetary $ ____ , ____ , ____ . ____	Total Monetary $ __ , _3,643—_
In-Kind $ ____ , ____ , ____ . ____	(8) **Other Distributions** $ ____ , ____ , ____ . ____

(9) **TOTAL Monetary Contributions To Date**	(10) **TOTAL Monetary Expenditures To Date**
$ ____ , ____ , ____ . ____	$ __ , _19_ , _216 . 16_

(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:

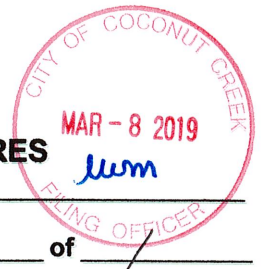(Type name) _Rebecca A (Becky) Tooley_

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

X _Rebecca A Tooley_
Signature

(Type name) _Rebecca A. Tooley_

☒ Candidate   ☐ Chairperson (only for PC and PTY)

X _Rebecca A Tooley_
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rebecca A (Becky) Tooley

(2) I.D. Number _____

(3) Cover Period 02 23 2019 **through** 03 08 2019

(4) Page 1 **of** 1

(5) Date / (6) Sequence Number	(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
03/08/2019	American Media Campaign 401 E Las Olas Blvd St B0 485 Ft Lauderdale	Mailers	CAN	Add	3643
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DS-DE 14 (Rev. 11/13) **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**