

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Christopher Cooley
Name
 (2) 10716 Rain Lily Pass
Address (number and street)
Land O Lakes, FL 34638
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1017866]
 Submitted on:
 4/16/2010 14:37:46 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 285

(4) Check appropriate box(es):

- Candidate (office sought): School Board Member District 4
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED**
- CHECK IF CCE HAS DISBANDED**
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2010 To 5/10/2010 Report Type TRW1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>375.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>375.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 500.00

(10) TOTAL Monetary Expenditures To Date
 \$ 500.00

(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) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher Cooley (2) I.D. Number 285

1/1/2010 through 5/10/2010

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher Cooley

(2) I.D. Number 285

(3) Cover Period 1/1/2010 through 5/10/2010

(4) Page 1 of 1

(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					
2/26/2010 //	Bank of America, PO Box 25118 Tampa, FL 33622	monthly maintenance fee	MO		\$17.00
1					
3/16/2010 //	Bank of America, PO Box 25118 Tampa, FL 33622	monthly maintenance fee	MO		\$11.00
2					
3/31/2010 //	Cooley, Christopher 10716 Rain Lily Pass Land O Lakes, FL 34638	reimbursed for loan and closed account	MO		\$330.00
3					
1/16/2010 //	Bank of America, PO Box 25118 Tampa, FL 33622	monthly maintenance fee	MO		\$17.00
4					
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//					
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