CAMPAIGN TREASURER'S REPORT SUMMARY	
(1) Dr. Ben Sorensen	OFFICE USE ONLY
Name (2) 701 SE 7th Street	Freeze Carrier
(2) 701 SE 7th Street Address (number and street)	
Fort Lauderdale, FL 33301	
City, State, Zip Code	(2) ID Number:
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): Candidate Office Sought: Ft Lauderdale	e City Commission, District IV
Political Committee (PC)	Check here if PC or ECO has disbanded
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if no other IE or EC reports will be filed
(5) Papart Identifiers	
(5) Report Identifiers Cover Period: From 12 / 30 / 2017 To 01 / 12 / 2018 Report Type: 61	
	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
(o) Contributions this Report	Monetary
Cash & Checks \$, <u>Q</u> , <u>\(\rho25\) O\(\right)</u>	Expenditures \$, _ 9 ,293 . <u>49</u>
Loans \$, ,	Transfers to Office Account \$, ,
Total Monetary \$, _2 ,(25 · 00	Total Monetary \$, 9 , <u>293</u> . <u>49</u>
In-Kind \$,, _ \frac{\fin}}}}{\frac{\fir}}}}{\fint}}}}}}{\frac{\fir}}}}{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	(8) Other Distributions
	(8) Other Distributions \$,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, <u>74</u> , <u>784</u> . <u>00</u>	\$, <u>40</u> , <u>621</u> . <u>41</u>
(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) Golden Johansson	(Type name) Dr. Ben Sorensen
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	✓ Candidate ☐ Chairperson (only for PC and PTY)
x Orthan	x by L
Signature	Signature

DS-DE 12 (Rev. 17/13)

SEE REVERSE FOR INSTRUCTIONS