CAMPAIGN TREASURER'S REPORT SUMMARY CLERK									
(1)	Benjamin "Ben" Sorensen	OFFICE USE ONLY							
` ,	Name	ZU16 JUN 27 PM 2: 03							
(2)	701 Se 7th Street								
	Address (number and street) Fort Lauderdale, FL 33301								
,	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number:							
(4)) Check appropriate box(es):								
	☑ Candidate Office Sought: Ft Lauderdale City Commission, District IV								
	 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded 								
	☐ 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									
Cove	er Period: From 04 / 01 /2016 To	04 / 30 / 2016 Report Type: M4							
☐ Original ☐ Amendment ☐ Special Election Report									
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash & Checks \$, \ , \ 050 _00		Expenditures \$, ,							
Loans \$, <u>100</u> . <u>00</u>		Transfers to							
		Office Account \$, , .							
Tota	I Monetary \$,,								
to the a confession of		Total Monetary \$, ,							
In-Ki	nd ົ້ \$, ,								
		(8) Other Distributions							
		\$, , · ·							
(9) TOTAL Monetary Contributions To Date		(10) TOTAL Monetary Expenditures To Date							
	\$,, 150.00	\$, ,							
(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:									
(T	_{ype name)} Golden Johansson	_(Type name) Benjamin Sorensen							
	Individual (only for IE ✓ Treasurer ☐ Deputy Treasurer	☐ Chairperson (only for PC and PTY)							
or	electioneering comm.)								
Х	Glabu Drane	x By I Am							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name					(2) I.D. Number			
(3) Cover Period	/	throu	igh /	30 / <u>201</u> 0		1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
4 8 2016 / /	Sorensen, Ben 701 SE 7th Street Fort Lauderdale, FL 33301	S	Candidate	Loan		ADD	\$ 100.00	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES