CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Dr. Ben Sorensen	OFFICE USE ONLY							
	Name								
(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)									
(5) Report Identifiers									
Cov	er Period: From 10 / 1 / 16 To	10 / 31 / 16 Report Type: MO							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cas	n & Checks \$,, <u>[DD</u> · <u>OD</u>	Monetary							
Loar	s \$,, _ \frac{\pi} ·	Transfers to Office Account \$, ,							
	I Monetary \$,,	Total Monetary \$, , <u>Ø</u>							
In-K	ind \$, , _ 	(9) Other Dictributions							
		(8) Other Distributions \$, ,							
(9)	TOTAL Monetary Contributions To Date \$,2,95000_	(10) TOTAL Monetary Expenditures To Date \$							
		tification on to falsify a public record (ss. 839.13, F.S.)							
Lo	certify that I have examined this report and it is true, corr	rect, and complete:							
(T	ype name) Golden Johansson	_(Type name) Dr. Ben Sorensen							
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate							
<u>X</u>	ignature	X My Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	min "Ben" Sorensen			(2)	I.D. Number	N/A			
(3) Cover Period	1 / / /	throu	igh/			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 Eckels, Vicki	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
10 27 2016 / / D	917 SE 14th Street Ft Lauderdale, FL 33316	I	CITY OF LAWDROALF BY THE SEA FINIUMFE	СНЕ			100.00		
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES									

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Benjamin "Ben" Sorensen (2) I.D. Number N/A									
(3) Cover Perio	od		4) Page						
(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)	(11)				
/ /	N/A								
/ /									
/ /									
/ /									
/ /									
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