

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
OFFICE USE ONLY

MAY - 5 2020

BY:

(1) Ben Sorensen
Name

(2) 701 SE 7th St
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: Fort Lauderdale City Commission, District IV
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 20 To 04 / 30 / 20 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 250 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 10 . 05

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 10 . 05

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 146 , 653 . 50

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 45 , 394 . 09

(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) Jackie Scott

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

X _____
Signature

(Type name) Ben Sorensen

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ben Sorensen (2) I.D. Number _____

(3) Cover Period 04 / 01 / 20 through 04 / 30 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
04 / 15 / 20 / /	Omar Hendrix 2120 Tanbark Ln Fort Lauderdale, FL 33312	I	Retired	CHE			\$250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Sorensen

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 20 through 04 / 30 / 20

(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					
04 / 15 / 20	Anedot PO Box 84143 Baton Rouge, LA 70844	Online Processing Fee	MON		\$10.05
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