

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark D Bogen
 Name
 (2) 1 East Broward Blvd,; Suite 700
 Address (number and street)
Fort Lauderdale, FL 33301
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1147835]

Submitted on:
 1/8/2018 15:47:39 (eastern)

Check here if address has changed

(3) ID Number: 378

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission, Dist. 2
- Political Committee (PC)
- 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 1 / 2017 To 12 / 31 / 2017 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 4 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 4 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 188 , 843 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 9 , 480 . 86

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark D Bogen (2) I.D. Number 378
 12/1/2017 through 12/31/2017
 (3) Cover Period / / through / / (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
12/14/2017 / /	HCA North Florida Div. & Good , 101 N. Monroe Street Suite 801 Tallahassee, FL 32301	F	healthcare	CH			\$1,000.00
1							
12/14/2017 / /	HCA East Florida Div. & Good G, 101 N. Monore Street Suite 801 Tallahassee, FL 32301	F	healthcare	CH			\$1,000.00
2							
12/14/2017 / /	HCA West Florida Div. & Good G, 101 N. Monore Street Suite 801 Tallahassee, FL 32301	F	healthcare	CH			\$1,000.00
3							
12/14/2017 / /	AFSCME Florida 979, 3064 Highland Oaks Terrace Tallahassee, FL 32301	B	union	CH			\$1,000.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mark D Bogen

(2) I.D. Number 378

(3) Cover Period 12/1/2017 through 12/31/2017

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					