CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Mark D. Bogen	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1 East Broward Blvd,; Suite 700	Submitted on:						
	Address (number and street)	12/5/2018 19:20:16 (eastern)						
	Fort Lauderdale, FL 33301							
	City, State, Zip Code							
	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) ☐ 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						
Cov	er Period: From 8 / 11 / 2018 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$,,,00	Monetary						
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , -100. 00							
		Total Monetary \$, , 0 . 00						
In-Ki	ind \$,,,000							
		(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date \$, _232 , _64300	(10) TOTAL Monetary Expenditures To Date \$, _231_ , _86706_						
(T		tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)						
<u>X</u>		<u>X</u>						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Mark D. Bogen				(2) I.D. Number		7.0	
	8/11/2018 od///		8	/23/2018				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
8/11/2018 / /	Stein, Cheryl 4701 Martinique Dr Coconut Creek, FL 33066		realtor	СН		Delete	\$100.00	
8/11/2018 / / 2	Stein, Cheryl 4701 Martinique Dr Coconut Creek, FL 33066	I	realtor	СН		Add	\$0.00	
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(1) Name <u>Mark</u>	D. Bogen	C	EXPENDIT 2) I.D. Number		378
(3) Cover Period	8/11/2018 8/2 / / through	3/2018 _//(4	1) Page <u>1</u>	of _	0
(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) Amendment	(11) Amount
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DS-DE 14	(Rev. 11/13	