CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Mark D. Bogen	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1183294]							
(2)	1 East Broward Blvd,; Suite 700	Submitted on:							
	Address (number and street)	1/30/2019 15:46:12 (eastern)							
	Fort Lauderdale, FL 33301  City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 378							
(A)	_	(3) 15 Number							
(4)	Check appropriate box(es):  Candidate Office Sought: County Commission, Dist. 2  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							
Cove	er Period: From <u>11</u> / <u>2</u> / <u>2018</u> To	2 / 4 / 2019 Report Type: TR-G							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , 000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,	Total Monetary \$ , , <u>775</u> . <u>94</u>							
In-Ki	find \$								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$, _232, _64300								
(T	(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)								
<u>X</u>		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Mark D. Bogen				2) I.D. Numbe	er	78
(3) Cover Perio	11/2/2018 od / /	thro	ough	/4/2019 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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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 Mark	D. Bogen	l				 (2) I.D. Nun	nber	3	378	
	11/2/2	018	2	/4/201	9		-			
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/30/2019	Bogen, Mark 7351 Wiles Rd. Suite 202 Coral Springs, FL 33067	re-pay loan to self	RM		\$775.94
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