

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Soren Brockdorf  
**Name**  
 (2) 12055 Dunn Creek  
**Address (number and street)**  
Jacksonville, FL 32218  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1017155]  
 Submitted on:  
 4/5/2010 14:26:47 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 201

(4) **Check appropriate box(es):**  
 Candidate (office sought): Sheriff  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/2010 To 3/31/2010 Report Type Q1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>535.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>535.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>290.60</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>290.60</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 535.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 290.60

**(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Soren Brockdorf **(2) I.D. Number** 201  
 1/1/2010 through 3/31/2010  
**(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
2/19/2010 / /	White, John 313 Brookchase Lane West Jacksonville, FL 32225	I	construction	CH			\$500.00
1							
2/23/2010 / /	Kreitz, Vernona 6305 Beverleys Mill Road Broad Run, VA 20137	I	housewife	CH			\$25.00
2							
1/22/2010 / /	Barcelo, Bruce 1815 Olevia Street Jacksonville, FL 32207	I		CH			\$10.00
3							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Soren Brockdorf

(2) I.D. Number 201

(3) Cover Period 1/1/2010 through 3/31/2010

(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					
3/5/2010 / /	Campaign Graphics, 1503 SW 10th St Ocala, FL 34471	bumper stickers	MO		\$290.60
1					
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