

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Samson Borgelin

Name
 (2) 960 SW 81st Ter
 Address (number and street)
North Lauderdale, FL 33068
 City, State, Zip Code

OFFICE USE ONLY

[Signature] 4/10/20
 Deputy Clerk
 City of North Lauderdale

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner for District D, North Lauderdale, FL
- 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 03 / 01 2020 To 03 / 31 2020 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 7,250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 26.33

(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) Samson Borgelin

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

X *[Signature]*
 Signature

(Type name) Samson Borgelin

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Samson Borgelin (2) I.D. Number _____

(3) Cover Period 03 / 01 / 2020 through 03 / 31 / 2020 (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
/ /				N/A	N/A		0.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

SB

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Samson Borgelin

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 2020 through 03 / 31 / 2020

(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					
/ /			N/A		0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

SB