CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Lowell J Kuvin	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1861 NW South River Dr.; 1861 NW South	n River Dr. #1406 Submitted on:								
	Address (number and street)	12/12/2023 14:49:48 (eastern)								
	Miami, FL 33125									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:111								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Commissioner District 1 ☐ 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 9 / <u>18</u> / <u>2023</u> To									
X O	original Amendment Spr	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$,1 , <u>000</u> . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	Monetary \$,1, _00000	Total Monetary \$, , 10 . 00								
In-Ki	ind \$,,, <u>0</u> 00	,								
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date \$, 1 , _00000	(10) TOTAL Monetary Expenditures To Date \$, 1 , _00000								
(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									
_X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lowell J Kuvin				2) I.D. Numbe	er <u>1</u>	11
	9/18/2023		1	2/20/2023		1	1
(3) Cover Peri	od////	thro	ough	11_	(4) Pag	je <u> </u>	of
(5) (7) Date Full Name		(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/18/2023	KUVIN, LOWELL J 1861 NW SOUTH RIVER DR #140 MIAMI, FL 33125	S	attorney	СН			\$1,000.0
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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	Lowell	J Kuv	in			10-10-10-10-10-10-10-10-10-10-10-10-10-1	(2) I.D. Num	nber	1	L11	
		9/18/2	2023		12/20/	2023					
(3) Cover Po	eriod	1	1	through	/	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
11/30/2023	KUVIN, LOWELL J 1861 NW SOUTH RIVER DR # 1406 MIAMI, FL 33125	pro-rata refund to contributor	DI		\$990.00
1					
11/15/2023	CITY NATIONAL BANK, 25 West Flagler Street MIAMI, FL 33130	paper statement fee	МО		\$10.00
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DS-DE 14 (Rev.					