CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	David Kuczenski	OFFICE USE ONLY ONLINE SUBMISSION							
(0)	Name 6411 Holatee Trail	[1228116]							
(2)		Submitted on:							
	Address (number and street) Southwest Ranches, FL 33330	8/28/2020 08:30:25 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 6							
(4)	Check appropriate box(es):								
(-7	 ☐ Candidate Office Sought: District 4 Council Member ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	Identifiers							
(5) Report Identifiers Cover Period: From 3 / 1 / 2020 To 3 / 31 / 2020 Report Type: M3									
0	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary							
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>100</u> . <u>00</u>	T. (IM) ()							
In-Ki	and \$,, <u>0</u> .00	Total Monetary \$, , , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date \$, 8 ,31700	(10) TOTAL Monetary Expenditures To Date \$, , 873 99							
(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.) Candidate Chairperson (only for PC and PTY)									
<u>X</u>		<u>x</u>							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	David Kuczenski	(2) I.D. Number						
3/1/2020			3/31/2020					
(3) Cover Per	iod / /	thro	ough	<i>I I</i>	(4) Pag	ge	of	
						7.500		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C.	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
	Green, Deborah Ann	I		СН		Add	\$100.0	
3/20/2020	5201 SW 199th Ave.							
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(1) Name David	URES	6			
(3) Cover Period	3/1/2020 3/ 		l) Page1	of	0
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
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