

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Kuczenski  
 Name

(2) 6411 Holatee Trail  
 Address (number and street)

Southwest Ranches, FL 33330  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1304623]

Submitted on:  
 4/3/2024 22:27:22 (eastern)

Check here if address has changed (3) ID Number: 16

(4) Check appropriate box(es):

Candidate Office Sought: District 4 Council Member

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

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

Cover Period: From 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: Q1-20

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 400 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 400 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 13 , 550 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 1 , 694 . 46

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Kuczenski (2) I.D. Number 16  
 (3) Cover Period 1/1/2024 through 3/31/2024 (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
(6) Sequence Number		Type	Occupation				
1/3/2024 / /	WINSTON, NANCY 14401 MUSTANG TRAIL SOUTHWEST RANCHES, FL 33330	I	retired	CH			\$100.00
1							
1/12/2024 / /	BROWNLOW, CRISTINA 5301 SW 148TH AVENUE SOUTHWEST RANCHES, FL 33330	I	educator	CH			\$50.00
2							
1/12/2024 / /	AUGUST CHIROOPRACTIC, INC, 695 NE 126th St NORTH MIAMI, FL 33161	B	medical	CH			\$250.00
3							
/ /							
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/ /							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Kuczenski

(2) I.D. Number 16

(3) Cover Period 1/1/2024 through 3/31/2024

(4) Page 1 of 0

(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					
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