

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Cochran

Name

(2) 2100 S. Ocean Lane #311

Address (number and street)

Fort Lauderdale FL 33316

City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Fort Lauderdale City Commission, District 4

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

(3) ID Number: \_\_\_\_\_

**OFFICE USE ONLY**

CITY OF FORT LAUDERDALE

2024 JAN 12 PM 1:29

CITY CLERK'S OFFICE

### (5) Report Identifiers

Cover Period: From 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 500.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 500.00

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

\$ \_\_\_\_\_, \_\_\_\_\_, 500.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (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) Kevin Cochran

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

**X** [Signature]

Signature

(Type name) Kevin Cochran

Candidate  Chairperson (only for PC and PTY)

**X** [Signature]

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Kevin Cochran (2) I.D. Number 01

(3) Cover Period 10/01/23 through 12/31/23 (4) Page      of     

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
11/3/23	01	Cochran, Kevin	CAN	CMO	LOA	-	-	500.00
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

(201) 921-7737

ORIGIN ID:PBIA  
KEVIN COCHRANE  
VULTR  
319 CLEMATIS STREET  
SUITE 900  
WEST PALM BEACH, FL 33401  
UNITED STATES US

SHIP DATE: 10JAN24  
ACTWGT: 0.50 LB  
CAD: 1786283/NET4535

BILL SENDER

TO DAVID SOLOMAN, CITY CLERK

CITY OF FT. LAUDERDALE

1 EAST BROWARD BLVD.

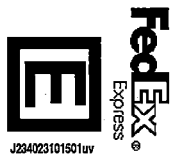
SUITE 444

FT LAUDERDALE FL 33301

REF: (000) 000-0000

DEPT:

PO:



J234023101501uv

583J3/B014/9AE3

TRK# 7747 5754 6737  
0201

THU - 11 JAN 5:00P  
STANDARD OVERNIGHT

32 HWOA

33301  
FL-US FLL



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