

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ken Cooper  
 Name  
400 SE 8th Street  
 Address (number and street)  
Fort Lauderdale, FL 33316  
 City, State, Zip Code

RECEIVED  
OFFICE USE ONLY

AUG 10 2020

BY: [Signature]

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: City of Fort Lauderdale Mayor

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 06 / 01 / 2020 To 06 / 30 / 2020 Report Type: M-6

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Loans \$ \_\_\_\_\_ , 12 , 500 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , 8 , 843 . 18

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

Total Monetary \$ \_\_\_\_\_ , 8 , 843 . 18

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 12 , 600 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 8 , 843 . 18

### (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 Cochrane

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

X [Signature]

Signature

(Type name) Ken Cooper

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Ken Cooper

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_  
 06 01 20 06 30 20 1 1  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
06 27 20 / / 3	KarolKeller 1442 NE 57th Ct., Fort Lauderdale, FL 33334	I	Veteri- narian	CHE		ADD	\$100.00
/ /							
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