

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KEVIN BURNS

Name

(2) P.O. Box 610817

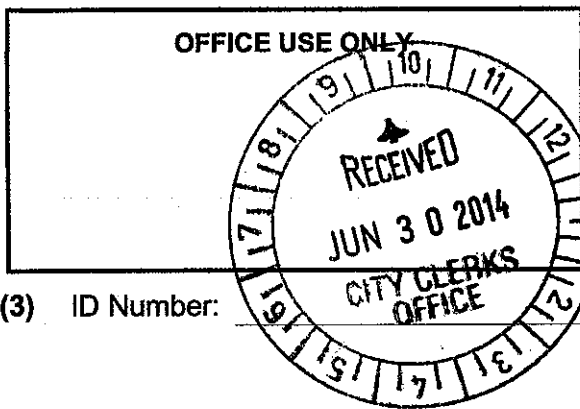
Address (number and street)

N. MIAMI FL 33261

City, State, Zip Code

Check here if address has changed

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



(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

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

### (5) Report Identifiers

Cover Period: From 06 / 1 / 14 To 06 / 20 / 14 Report Type: 2014P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ 3600.00

Total Monetary \$ 3600.00

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 3130.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 3130.00

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 3600.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 3130.00

### (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 BURNS

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

(Type name) KEVIN BURNS

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

X [Signature]  
Signature

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

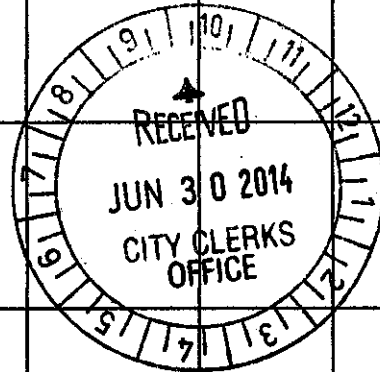
(1) Name KEVIN BURNS

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 6/1/14 through 6/20/14

(4) Page 1 of 1

(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
6/19/14	CITY OF NORTH MIAMI	Sign Bond	MON		250 <sup>00</sup>
6/19/14	CITY OF NORTH MIAMI	Filing Fee	MON		2400 <sup>00</sup>
6/19/14	CITY OF NORTH MIAMI	Filing Fee STATE	MON		480 <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name KEVIN BURNS

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 6 / 1 / 14 through 6 / 20 / 14

(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 / 17 / 14	CANDIDATE	<del>FOA</del> S		LOA			100 <sup>-</sup>
6 / 19 / 14	CANDIDATE	S		LOA			3500 <sup>00</sup>
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