

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) KEVIN BURNS

Name

(2) POBOX 610817

Address (number and street)

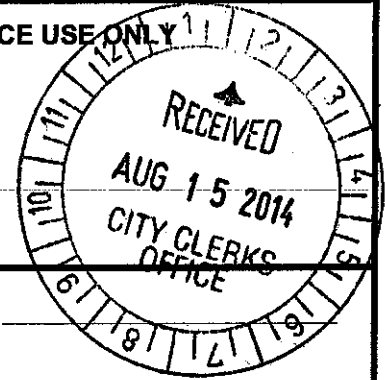
NORTH MIAMI FL 33261

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY



(4) Check appropriate box(es):

☒ Candidate (office sought): MAYOR CITY OF NORTH MIAMI

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 2 / 2014 To 8 / 8 / 2014 Report Type P6

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,500.00

Loans \$ 0.00

Total Monetary \$ 2,500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,625.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 4,625.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 27,370.00

(10) TOTAL Monetary Expenditures To Date

\$ 16,342.50

(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 electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) KEVIN BURNS

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

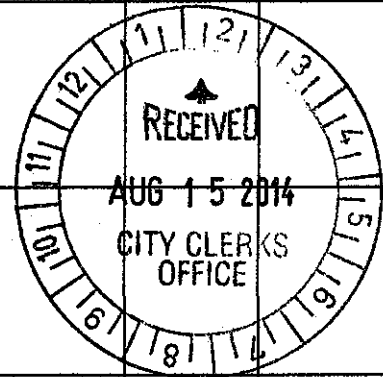
(1) Name KEVIN BURNS

(2) I.D. Number _____

(3) Cover Period 8 / 2 / 2014 through 8 / 8 / 2014

(4) Page of

(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					
8 / 8 / 14	TRIUMPH FUNDRAISING 1619 LENOX AVE #8 MIAMI BEACH FL.33139	SERVICES	MON		\$1,500.00
1					
8 / 8 / 14	WOLY 776 N E 125 ST NORTH MIAMI FL.	MEDIA	MON		\$2,225.00
2					
8 / 4 / 14	JUDE C, SIMEON UKN.	MEDIA	MON		\$400.00
3					
8 / 8 / 14	RADIO MEGA 1700 75 NW 167 ST NMB FL.	MEDIA	MON		\$500.00
4					
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CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name KEVIN BURNS (2) I.D. Number _____

(3) Cover Period 8 / 2 / 2014 through 8 / 8 / 2014 (4) Page of

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type	(9) Occupation	(10) Contribution Type	(11) In-kind Description	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code				Amendment	
8 / 3 / 14 1	50 STATE SECURITY SERVICES 910 N E 125 ST N MIAMI FL.	B	SECURITY FIRM	CHE		\$500.00
8 / 8 / 14 2	THE HELLINGER PENABAD COMPAINIES, LLC 283 CATALONIA AVE CORAL GABLES FL.	B	REAL ESTATE	CHE		\$1000.00
8 / 8 / 14 3	BAY CARPET INC. 680 W 18 ST HIALEAH, FL. 33010	B	FLOORIN G	CHE		\$1000.00
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