

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, KEVIN A. BURNS

candidate for the office of MAYOR OF NORTH MIAMI;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

6-11-14  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

KEVIN A BURNS

3. Address (include post office box or street, city, state, zip code)

P.O. Box 610817  
N MIAMI FL 33261

4. Telephone

(305) 710 3306

5. E-mail address

KEVINABURNS@ADL.CO

6. Office sought (include district, circuit, group number)

MAYOR OF NORTH MIAMI

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

KEVIN A BURNS

11. Mailing Address

P.O. Box 610817

12. Telephone

305 710 3306

13. City

N MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33261

17. E-mail address

KEVINABURNS@ADL.CO

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

SABADELL

20. Address

18841 N NE 29th AVE.

21. City

ADVENTURA

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33180

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6-11-14

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, KEVIN A. BURNS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

Date

6-11-14

Signature of Campaign Treasurer or Deputy Treasurer

X