

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

(1) KEVIN BURNS

Name

(2) P O BOX 610817

Address (number and street)

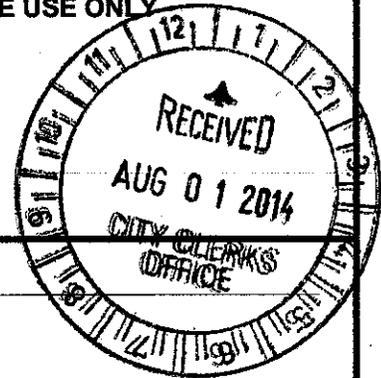
NORTH MIAMI FL 33261

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 FL

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 7 / 19 / 14 To 7 / 25 / 14 Report Type P4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,450.00

Loans \$ 0.00

Total Monetary \$ 1,450.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,465.42

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,465.42

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 22,820.00

(10) TOTAL Monetary Expenditures To Date

\$ 9,639.30

(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

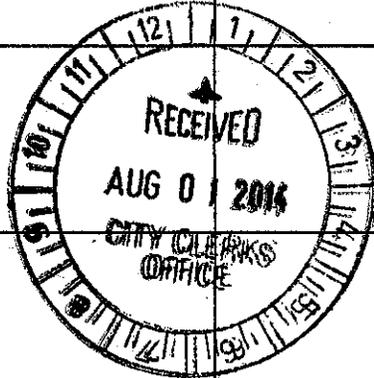
(1) Name KEVIN BURNS

(2) I.D. Number _____

(3) Cover Period 7 / 19 / 14 through 7 / 25 / 14

(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					
7 / 20 / 14 1	UNITY SHOW	RADIO ADS	MON		\$400.00
7 / 22 / 14 2	NORTH MIAMI CHAMBER 13100 W DIXIE HWY N M FL	LUCHEON	MON		\$25.00
7 / 23 / 14 3	PNB MEDIA INFO PLUS	RADIO ADS	MON		\$400.00
7 / 23 / 14 4	DOL COLEVE	RADIO ADS	MON		\$400.00
7 / 23 / 14 5	HAPPY ENDINGS T-SHIRTS 651 N W 106 ST MIAMI FL.	T-SHIRTS	MON		\$240.42
/ /					
/ /					
/ /					



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 7 / 19 / 2014 through 7 / 25 / 2014 (4) Page / of /

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
7 / 19 / 14 1	JOHN STEMBRIGE 545 N E 125 ST NORTH MIAMI FL.	I	RETAIL SALE	CHE			\$200.00
7 / 19 / 14 2	HARRY W CASEY LOCH NEST DR. MIAMI LAKES FL 33014	I	KC & SUNSHIN E BAND	CHE			\$500.00
7 / 19 / 14 3	RICK FENSTERMACH 6444 ALISON RD MIAMI BEACH FL.33141	I	CONSULT ANT/RIS K MGT.	CHE			\$100.00
7 / 19 / 14 4	TERESITA G GARCIA NKW.	I	NURSE	CHE			\$150.00
7 / 19 / 14 5	MARLENE CATAYLO-CHANCE 6610 SW57TH ST DAVIE FL.33314	I		CHE			\$50.00
7 / 22 / 14 6	NANCY W WILLIAMS 2500 N E 135 ST 1207 NORTH MIAMI FL 33181	I	RETIRED	CHE			\$200.00
7 / 24 / 14 7	CAROL PREGER 2750 N E 135 ST NORTH MIAMI 33181	I	BUS. OWNER	CHE			\$250.00
/ /							

