

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KEVIN BURNS

Name

(2) P.O. Box 610817

Address (number and street)

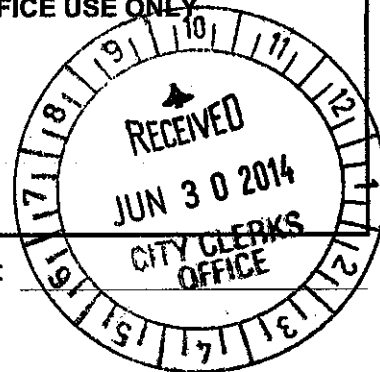
N. MIAMI FL 33261

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY



(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

X [Signature]
Signature

(Type name) KEVIN BURNS

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

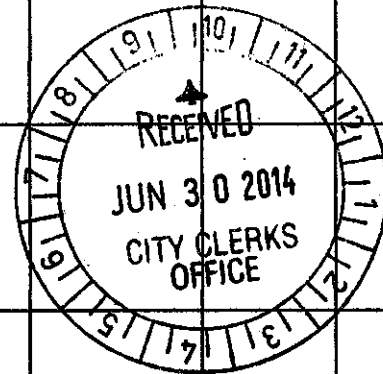
(1) Name KEVIN BURNS

(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) Sequence Number					
6/19/14	CITY OF NORTH MIAMI	SIGN Bond	MON		250 ⁰⁰
6/19/14	CITY OF NORTH MIAMI	Filing Fee	MON		2400 ⁰⁰
6/19/14	CITY OF NORTH MIAMI	Filing Fee STATE	MON		480 ⁰⁰
/ /					
/ /					
/ /					
/ /					
/ /					



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) Sequence Number		Type	Occupation	Type	Description		Amount
6 / 17 / 14	CANDIDATE	FOR S		LOA			100-
6 / 19 / 14	CANDIDATE	S		LOA			3500-
/ /							
/ /							
/ /							
/ /							
/ /							

