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**

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(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: 20141P1

☑ 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 . —

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , ___ , 3600 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 3130 —

(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

(Type name) KEVIN BURNS
☑ Candidate ☐ Chairperson (only for PC and PTY)

X _____
Signature

SEE REVERSE FOR INSTRUCTIONS

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 / (6) Sequence Number	(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		$250.00
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
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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 / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6 / 17 / 14	CANDIDATE	~~LOA~~ S		LOA			100-
6 / 19 / 14	CANDIDATE	S		LOA			3500 =
/ /							
/ /							
/ /							
/ /							
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