

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

(1) Don Kearns  
Name  
(2) 10245 SW 154 Place, #102  
Address (number and street)  
Miami, FL 33196  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 660

(4) Check appropriate box(es):  
 Candidate (office sought): Community Council 11/114  
 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 7/19/2008 To 8/1/2008 / Report Type F2-08  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 0.00  
 Total Monetary \$ 0.00  
 In-Kind \$ 137.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 137.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 137.00

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 3,765.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,743.36

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Don Kearns **(2) I.D. Number** 660  
**(3) Cover Period** 7/19/2008 through 8/1/2008 **(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
8/1/2008 / /	Kearns, Don 10245 SW 154 Place #102 Miami, FL 33196	I	candidate	IK	data	Add	\$137.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Don Kearns

(2) I.D. Number 660

(3) Cover Period 7/19/2008 through 8/1/2008

(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					
8/1/2008 // 1	Campaign Data, 2140 South Dixie Highway Suite 305 Miami, FL 33133	data	MO	Add	\$137.00
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