

**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 8/2/2008 To 8/21/2008 Report Type F3-08  
 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 \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1.03  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 1.03

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 4,000.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,461.78

**(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) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Don Kearns (2) I.D. Number 660

8/2/2008 through 8/21/2008

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Don Kearns

(2) I.D. Number 660

(3) Cover Period 8/2/2008 through 8/21/2008

(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					
8/15/2008 //	PayPal, 2211 North First Street San Jose, CA	service fee	MO	Add	\$1.03
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