

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
ONLINE SUBMISSION

(1) John Burns
 Name

(2) _____
 Address (number and street)

 City, State, Zip Code

Check here if address has changed

(3) ID Number: 68

(4) Check appropriate box(es):

Candidate Office Sought: County Court Judge Group 3

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 4 / 1 / 2006 To 6 / 30 / 2006 Report Type: Q2

Original Amendment Special Election 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 \$ _____ , _____ , -78 . 80

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , -78 . 80

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 24 , 650 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 24 , 650 . 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) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Burns (2) I.D. Number 68

(3) Cover Period 4/1/2006 through 6/30/2006 (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 John Burns

(2) I.D. Number 68

(3) Cover Period 4/1/2006 through 6/30/2006

(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					
6/30/2006 / /	Burns, Alyssa P.O. Box 511169 Port Charlotte, FL 33951-1169	reimbursement for novelty items	MO	Delete	\$78.80
1					
6/30/2006 / /	Burns, Alyssa P.O. Box 511169 Port Charlotte, FL 33951-1169	correction- reimbursement for novelty items	MO	Add	\$0.00
2					
/ /					
/ /					
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