	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Kristen Burke	OFFICE USE ONLY
, ,	Name	ONLINE SUBMISSION
(2)	1812 County Road 209B	Submitted on:
	Address (number and street)	8/7/2020 14:49:45 (eastern)
	Green Cove Springs, FL 32043	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	Candidate Office Sought: County Commis	sioner District 5
	Political Committee (PC)	☐ Check here if PC or ECO has disbanded
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	Check here if PTY has disbanded
		☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	t Identifiers
Cove		7 / 31 / 2020 Report Type: P6
		ecial Election Report
		T
(6)	Contributions This Report	(7) Expenditures This Report
01	9 Ohaala \$ 0.00	Monetary Expenditures \$ , , 985 . 00
Casr	n & Checks \$ , , , 000	Expenditures \$ , , <u>985</u> . <u>00</u>
Loar	ns \$ , , 0.00	Transfers to
		Office Account \$ , , 0 . 00
Tota	I Monetary \$ , , 0 . 00	
		Total Monetary \$ , , 985 . 00
In-Ki	nd \$ , , 0.00	
		(8) Other Distributions
		\$, ,, , <u>0</u> . <u>00</u>
<b>/0</b> \	TOTAL Manatany Contributions To Date	(40) TOTAL Monotons Essenditures To Date
(9)	TOTAL Monetary Contributions To Date \$ , 35 , 409 . 04	(10) TOTAL Monetary Expenditures To Date \$ . 21 . 143 . 84
	\$, 35, 409. 04	\$, _21_, _14384
		tification
	It is a first degree misdemeanor for any pers	son to falsify a public record (ss. 839.13, F.S.)
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:
(T)	ype name)	(Type name)
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
х		X
	gnature	Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kristen Burke				2) I.D. Numbe	er <u>7</u>	00
	7/25/2020 od///		7	/31/2020	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
J I							
1 1							
1 1							
J I							
I I							
J I							
J I							
1 1							

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

(1) Name _K	risten	Burke						(2) I.D. Nur	nber	7	700	
	7	/25/20	20		7/31	L/202	0					
(3) Cover Pe	eriod	1	1	through	1	ľ	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/28/2020	to Neighbor, Neighbor PO Box 1988 Middleburg, FL 32050	advertising	МО		\$685.00
1					
7/28/2020	to Neighbor, Neighbor PO Box 1988 Middleburg, FL 32050	advertising	MO		\$300.00
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10 M					-
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DS-DE 14 (Rev.					