CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Michael Burmann	OFFICE USE ONLY					
Name	ONLINE SUBMISSION [1233954]					
(2) <u>305 E Liberty St</u> Address (number and street)	Submitted on:					
Brooksville, FL 34601	10/9/2020 11:30:41 (eastern)					
City, State, Zip Code						
Check here if address has changed	(3) ID Number: 495					
(4) Check appropriate box(es):						
Candidate Office Sought: County Commission, Dist 5						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	Check here if PTY has disbanded					
Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed						
(5) Report Identifiers						
Cover Period: From <u>9</u> / <u>5</u> / <u>2020</u> To	9 / <u>18</u> _ / <u>2020</u> Report Type: <u>G3</u>					
Original Amendment Spo	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
¢	Monetary					
Cash & Checks \$, , , 0 . 00	Expenditures \$,, <u>-100.00</u>					
Loans \$, , 0.00	0.00 Transfers to					
	Office Account \$,,000					
Total Monetary \$,,,0 00						
	Total Monetary \$,,,00 00					
In-Kind \$,, 00						
	(8) Other Distributions \$, , 0.00					
	\$,, <u>0</u> . <u>00</u>					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>8</u> , <u>350</u> . <u>00</u>	\$, <u>6</u> , <u>428</u> . <u>72</u>					
(11) Cer	tification					
(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, corr	ect, and complete:					
(Type name) (Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)					
<u>X</u> <u>X</u>						
Signature	Signature					

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Burmann (2) I.D. Number 495 9/5/2020 9/18/2020 (3) Cover Period / / (4) Page 1 of						
(2) Course Derived f (1) through f (1) Derived 1 of	- 0					
(3) Cover Period / / Initiough / / (4) Page of	e V					
(5) (7) (8) (9) (10) (11)	(12)					
Date Full Name						
(6) (Last, Suffix, First, Middle)						
Sequence Street Address & Contributor Contribution In-kind						
Number City, State, Zip Code Type Occupation Type Description Amendment	Amount					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Mich			495		
(3) Cover Period	9/5/2020 d//through_	9/18/2020	4) Page <u>1</u>	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
9/10/2020 1	Timber Pines Community Associa, Timber Pines Community 6872 Timber Pines Blvd Spring Hill, FL 34606	reported this expenditure twice. this is to remove one of the reported expenditures		Add	\$-200.00
9/15/2020 / / 2	Firehouse Kettle Corn, 34753 Orchid Parkway Ridge Manor, FL 33523	kettlecorn for event	МО	Add	\$100.00
_/ /					
_/ /					
_/ /					
_/ /					
_ / /					
11					

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