CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Michael Burmann	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	305 E Liberty St	[1210894]								
	Address (number and street)	Submitted on: 6/16/2020 15:32:36 (eastern)								
	Brooksville, FL 34601									
	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) ☐ Party Executive Committee (PTY) ☐ 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								
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To	6 / 12 / 2020 Report Type: P1								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,,,	Monetary								
Loar	s \$, <u>3</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, 3 , _00000	Total Monetary \$, 2 ,846 . 52								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>3</u> , <u>000</u> . <u>00</u>	\$, <u>2</u> , <u>846</u> . <u>52</u>								
<u>(T)</u>	(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
Х		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Burmann				2) I.D. Numbe	er4	95	
	6/1/2020 od///		6	/12/2020 //	(4) Pag	je <u>1</u>	of	
(5) Date (6) Sequence Number	(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)	(12)	
6/12/2020 / 1	Burmann, Michael P 305 E. Liberty Street Brooksville, FL 34601	S	home inspector	LO			\$3,000.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Michael	Burma	ınn	200	100000000000000000000000000000000000000	101 998 (10)	 (2) I.D. Nun	nber	4	495	an an
	6	/1/20	20		6/12/20	020					
(3) Cover P	eriod	1	1	through	1	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
6/12/2020	Hernando County S.O.E., 20 N. Main Street Rm. 165 Brooksville, FL 34601	qualifying fee	МО		\$2,846.52
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