

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Burmann  
 Name  
 (2) 305 E Liberty St  
 Address (number and street)  
Brooksville, FL 34601  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1223580]  
 Submitted on:  
 8/7/2020 10:30:32 (eastern)

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  
 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

Cover Period: From 7 / 25 / 2020 To 7 / 31 / 2020 Report Type: P6  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 250 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 250 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 875 . 31  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 875 . 31

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 7 , 500 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 4 , 074 . 83

### (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 Michael Burmann (2) I.D. Number 495  
 (3) Cover Period 7/25/2020 through 7/31/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
7/29/2020 / /	Hernando Classroom Teacher As , 2801 SW College Rd. Ste 14 Ocala, FL 34474	0	prof org. - union	CH			\$250.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael Burmann

(2) I.D. Number 495

(3) Cover Period 7/25/2020 through 7/31/2020

(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					
7/27/2020 / /	ESP Enterprises, 14486 Cortez Blvd. Brooksville, FL 34613	18 x 24 signs & stands	MO		\$865.31
1					
7/31/2020 / /	Capital City Bank, 7153 Broad Street Brooksville, FL 34601	checking account service fee	MO		\$10.00
2					
/ /					
/ /					
/ /					
/ /					
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