	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Kristi Lee Burns	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION					
(2)	9057 Silver Lake Drive	Submitted on:					
	Address (number and street)	6/19/2020 11:13:36 (eastern)					
	Leesburg, FL 34788						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:371					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: School Board	Member District 2					
	Political Committee (PC)	Charle have if DC as ECO has dishanded					
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	: Identifiers					
Cove							
	er Period: From $\frac{6}{2}$ / $\frac{1}{2}$ / $\frac{2020}{2020}$ To						
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	-	Monetary					
Casl	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00					
	e 10 000 00						
Loar	ns \$, <u>10</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$					
Tato	al Monetary \$, 10 , 000 . 00	Office Account \$, , , 0 . 00					
10เล	al Monetary \$,10_, _00000	Total Monetary \$. 0 . 00					
اب الا	• • • •	Total Monetary \$, , , 0 . 00					
In-Ki	ind \$,, <u>0</u> .00	(O) Other Distributions					
		(8) Other Distributions \$, , 0.00					
		\$,, <u>0</u> 0					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>0</u> . <u>00</u>					
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)					
La							
I certify that I have examined this report and it is true, correct, and complete:							
(T	ype name)	(Type name)					
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristi Lee Burns (2) I.D. Number 371							371
	6/12/2020						
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	je <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/2/2020	Kristi, Burns L 9057 Silver Lake Dr Leesburg, FL 34788		politiciar				\$10,000.0
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) Name <u>Kristi</u>	AMPAIGN TREASURER'S R	(2	2) I.D. Number		371	
) Cover Period _	6/1/2020 6/1 / through		4) Page <u>1</u>	of _	0	
(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)	(11)	
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