

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sam Burns  
 Name  
 (2) 3090 Dickinson Dr  
 Address (number and street)  
Tallahassee, fl 32311  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1162098]  
 Submitted on:  
 7/22/2018 19:49:24 (eastern)

Check here if address has changed (3) ID Number: 505

(4) Check appropriate box(es):  
 Candidate Office Sought: Capital Regional CDD Seat 1  
 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 / 7 / 2018 To 7 / 20 / 2018 Report Type: P3  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 500 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 500 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

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

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

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

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 0 . 00

### (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 Sam Burns (2) I.D. Number 505  
 (3) Cover Period 7/7/2018 through 7/20/2018 (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
7/9/2018 / /	Ford, Leanne 4230 Avon Park Cr Tallahassee, FL 32311	I		CH			\$100.00
1							
7/14/2018 / /	Mikyska, Carl 3255 Carrollton Dr Tallahassee, FL 32311	I		CH			\$100.00
2							
7/16/2018 / /	Shirley, Jennifer 2117 Drayton Dr Tallahassee, FL 32311	I		CH			\$100.00
3							
7/19/2018 / /	Daniell, Walter Earl 3706 Longfellow Rd Tallahassee, FL 32311	I	retired	CH			\$200.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sam Burns

(2) I.D. Number 505

(3) Cover Period 7/7/2018 through 7/20/2018

(4) Page 1 of 0

(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					
/ /					
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