	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Sam Burns	OFFICE USE ONLY
•	Name	ONLINE SUBMISSION
(2)	3090 Dickinson Dr	Submitted on:
	Address (number and street)	8/6/2018 13:46:06 (eastern)
	Tallahassee, fl 32311 City, State, Zip Code	
	_	(2) 15 November 505
	Check here if address has changed	(3) ID Number:505
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: Capital Region	nal 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	dentifiers
Cove	er Period: From 7 / <u>28</u> / <u>2018</u> To	8 / 3 / 2018 Report Type: <u>P5</u>
X O	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Casl	h & Checks \$, , 100 . 00	Expenditures \$, , 0 . 00
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to
	• 100 00	Office Account \$, , , 0 . 00
Tota	Il Monetary \$, , <u>100</u> . <u>00</u>	Total Monetary \$. 0 . 00
. . ιz:	ind \$, , 0 . 00	Total Monetary \$, , , 0 . 00
In-Ki	ind \$,,,000	(O) Other Distributions
		(8) Other Distributions \$, , 0.00
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$,, <u>700</u> 00	\$, , <u>294</u> . <u>55</u>
	(44) 0 - 4	
	(11) Cert It is a first degree misdemeanor for any pers	
Ιc	certify that I have examined this report and it is true, corn	ect, and complete:
		i I
	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
V		
X	gnature	X Signature
01	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sam Burns			(2) I.D. Numbe	r5	505
	7/28/2018		8	/3/2018			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u>1</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
8/3/2018	Bikowitz, Walter 3240 Thoreau Ave Tallahassee, FL 32311	Î		СН			\$100.0
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1 1							
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f I							
f I							
1 1							
DS-DE 13 (Rev. 11/1:	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

Name Sam Bu			(2) I.D. Numbe	ED EXPENDITURES (2) I.D. Number 505			
Cover Period _	7/28/2018	through	/3/2018 //	(4) Page1	of	0	
(5) Date (6) Sequence	Street Ad	Name First, Middle) Idress &	(8) Purpose (add office sou	ght if to a Expenditure		(11)	
Number / /	City, State	, Zip Code	candidate	Туре	Amendment	Amoun	
//							
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//							
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