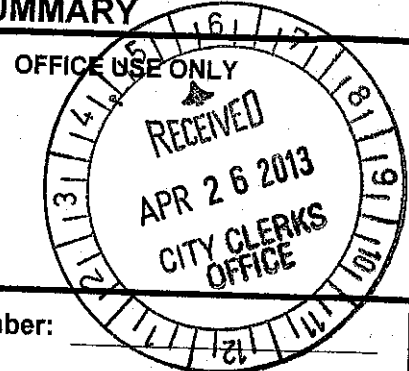


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**



(1) Kevin Burns
Name
(2) 2065 Alameda Dr
Address (number and street)
N Miami FL 33181
City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

- Candidate (office sought): MAYOR - CITY OF NORTH MIAMI
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/6/13 To 4/19/13 Report Type 18 day
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 3150.-
 Loans \$ -
 Total Monetary \$ 3150
 In-Kind \$ -

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3913.75
 Transfers to Office Account \$ -
 Total Monetary \$ 3913.75

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 23,839.-

(10) TOTAL Monetary Expenditures To Date

\$ 15,817.05

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kevin Burns
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Kevin Burns
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

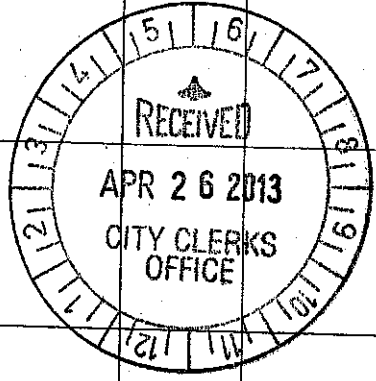
(1) Name Kevin Burns

(2) I.D. Number _____

(3) Cover Period 4/6/13 through 4/19/13

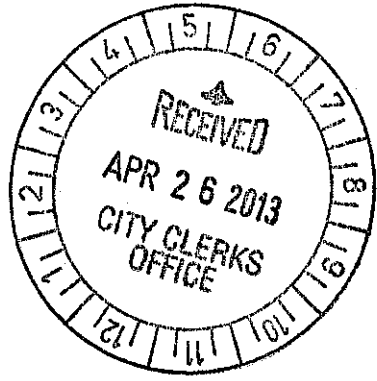
(4) Page _____ of _____

(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
/ /	<i>SEE ATT.</i>						
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Kevin Burns - 18 Days

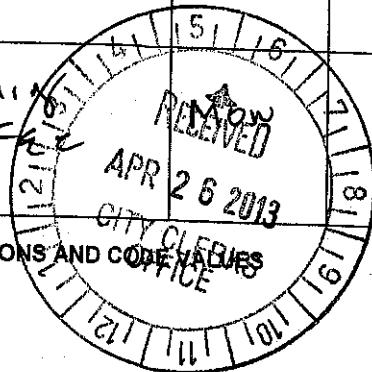
Seq. Date	Contributors Name	Occupation	Type	Address	Amount
71	4/7/13 I. Kostka	N/A	Cke	13405 NE 124th Pl. N.M. Fl.	\$25.00
72	4/7/13 James H Gould	Retired	Cke	801 Madrid St Coral Gables	\$400.00
73	4/11/13 Don Deloach	Business	Cke	539 Willowbrook Lane Tall. Fl.	\$100.00
74	4/12/13 Adv. Touch Therapies LLC.	Business	Cke	1865 N E 117th Rd NM	\$100.00
75	4/12/13 Raymond T. Russo	Acct.	Cke	2140 Laurel Lane NM	\$100.00
###	4/13/14 Bercow Radell & Fernandez	Law Firm	Cke	200 S. Biscayne Blvd. Miami fl.	\$250.00
77	4/17/13 Causeway Sq.	Realstate	Cke	9551 E. Bay Harbor Dr. B.Hl. Fl	\$500.00
78	4/17/13 GreenbergTraurig	Law Firm	Cke	8400 N.W. 36st Miami fl.	\$500.00
79	4/18/13 Ocean Collision Center	Auto Repair	Cke	12000 N.E. 14th Ave. miami fl.	\$500.00
80	4/18/13 Susan Fried	Consultant	Cke	1875 N.E. 197 ter. Miami Fl.	\$500.00
81	4/18/13 Richard Bucchino	Retired	Cke	2533 NE 135 st NM	\$100.00
82	4/19/13 Nancy Williams	N/A	Cke	2533 NE 135 st NM	\$50.00
83	4/19/13 Patrick I. Slattery	N/A	Cke	2533 NE 135 st NM	\$25.00
Total					\$3,150



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KEVIN BURAS (2) I.D. Number _____
 (3) Cover Period 4/16/13 through 4/19/13 (4) Page _____ of _____

(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
4/17/13 64	Sabadell Bank Adventure Fl.	mtly, serv chrg + ccbn	MON.		34.90
4/18/13 65	Home Depot 12000 Biscayne Blvd,	Builder matl	Mon		59.93
4/18/13 66	BP SUNSHINE 12955 Biscayne Blvd N.m. Fl.	Fuel	Mon		40 ⁰⁰
4/10/13 67	OFFICE MAX 12200 Biscayne Blvd NW MIAMI FL.	Supplies	Mon		66.91
4/12/13 68	G+P Auto Rental	Budget Truck Rental	Mon		231.11
4/15/13 69	Sunshine BP. 12955 Biscayne Blvd	Fuel	Mon		91 ⁰⁰ / ₃
4/17/13 70	Happy Endings T-Shirts 651 NW 106 St N MIAMI FL	T-Shirts	Mon		508.90
4/18/13 71	CITY OF NORTH MIAMI 776 NE 125 St W MIAMI	Filing Fee			2400 ⁰⁰



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KEVIN BURAS (2) I.D. Number _____
 (3) Cover Period 4/6/13 through 4/19/13 (4) Page _____ of _____

(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
4/18/13	ELECTION TRUST Fund	Filing Fee	MOW		480. ⁰⁰
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