

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kyle Van Burskirk  
Name

(2) 2236 NE 31 Street  
Address (number and street)

Lighthouse Point, FL 33064  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

Received

FEB 06 2020 1:13pm

Lighthouse Point  
City Clerk's Office

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City Commission Seat 4

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 1/1/20 To 2/6/20 Report Type: TR

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 02

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 00 . 00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 02 . 00

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 32 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 100 . 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) Kyle Van Burskirk

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

Signature

(Type name) Kyle Van Burskirk

Candidate  Chairperson (only for PC and PTY)

Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES** ESB 0.6 2020

(1) Name Kyle Van Buskirk

(2) I.D. Number Lighthouse Point

(3) Cover Period 1/1/20 through 2/16/20

(4) Page 1 City Clerk's Office 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
1/1/	Van Buskirk, Kyle 2296 NE 31 street Lighthouse Point, FL 33064	loan Repayment	DIS		32.00
1/1/					
1/1/					
1/1/					
1/1/					
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1/1/					
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1/1/					