

11:27PM

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED BURSON
Name

(2) 1228 MORNINGSIDE DR.
Address (number and street)

FORT MYERS FL. 33901
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY COUNCIL WARD 5

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 02 / 01 / 2022 To 02 / 28 / 2022 Report Type: 2022 M-2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 150.00

Total Monetary \$ _____ , _____ , 150.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 150.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 150.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 19,000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,677.45

(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) ROBERT BEATTIE

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

X _____
Signature

(Type name) FRED BURSON

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED BURSON (2) I.D. Number _____

(3) Cover Period 02 1 01 2022 through 02 1 28 2022 (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	Type	Description	Amendment	Amount
02 1 16 22 1	FRED BURSON 1229 MORNINGSIDEDR. FORT MYERS FL 33901	S	REAL ESTATE	CAS			150.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED BURSON (2) I.D. Number _____

(3) Cover Period 02/01/2022 through 02/28/2022 (4) Page 1 of 1

(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
02/16/22	HOPE HOSPICE FORT MEADES FL.	EVENT FUND RAISER	CAS		150.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					