

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kyle Dan Buskirk  
 Name  
 (2) 2236 NE 31 Street  
 Address (number and street)  
Lighthouse Point, FL 33064  
 City, State, Zip Code

OFFICE USE ONLY

Received *gmu*  
 FEB 06 2020 1:13PM  
 Lighthouse Point  
 City Clerk's Office

Check here if address has changed (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		(7) Expenditures This Report	
Cash & Checks	\$ <u>00</u> , <u>00</u> . <u>00</u>	Monetary Expenditures	\$ <u>00</u> , <u>00</u> . <u>00</u>
Loans	\$ <u>00</u> , <u>00</u> . <u>00</u>	Transfers to Office Account	\$ <u>00</u> , <u>00</u> . <u>00</u>
Total Monetary	\$ <u>00</u> , <u>00</u> . <u>00</u>	Total Monetary	\$ <u>00</u> , <u>00</u> . <u>00</u>
In-Kind	\$ <u>00</u> , <u>00</u> . <u>00</u>		
(9) TOTAL Monetary Contributions To Date		(10) TOTAL Monetary Expenditures To Date	
\$ <u>100.00</u>		\$ <u>100.00</u>	

(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) <i>Kyle Dan Buskirk</i>	(Type name) <i>Kyle Dan Buskirk</i>	
<input type="checkbox"/> Individual (only for IE or electioneering comm.)	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Deputy Treasurer
<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Chairperson (only for PC and PTY)	
<i>X</i>	<i>X</i>	
Signature	Signature	

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES \$0.6 2020

(1) Name Kyle Van Buskirk (2) I.D. Number Lighthouse Point(3) Cover Period 1/1/20 through 2/6/20 (4) Page 1 City Clerk's Office

(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
/ / /	Van Buskirk, Kyle 2236 NW 31 Street Lighthouse Point, FL 33064	loan Repayment	DIS		32.00
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