

## 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

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)
- 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 12 / 01 / 2021 To 12 / 31 / 2021 Report Type: 2021 M-12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ ~~\_\_\_\_\_~~

Loans \$ NONE

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ ~~\_\_\_\_\_~~

Transfers to Office Account \$ NONE

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 18, 850. 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1, 527. 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

OFFICE USE ONLY

JAN 7 2022 9:13AM

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name FRED BURSON (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 2021 through 12 / 31 / 2021 (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		Amount
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NONE

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name FRED BURSON

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 2021 through 12 / 31 / 2021

(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
(6) Sequence Number					
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*NONE*