

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Timothy Burr

Name

(2) 604 Fairpoint Drive

Address (number and street)

Gulf Breeze FL 32561

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: SEAT B

(4) Check appropriate box(es):

Candidate Office Sought: City Council, Seat B

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 06 /29 /24 To 07 /12 /24 Report Type: P3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 200 .00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$ 0 , , .

Transfers to Office Account \$ 0 , , .

Total Monetary \$ 0 , , .

(8) Other Distributions

\$ 0 , , .

(9) TOTAL Monetary Contributions To Date

\$, , 200 .00

(10) TOTAL Monetary Expenditures To Date

\$ 0 , , .

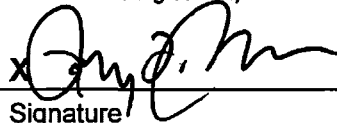
(11) Certification

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:

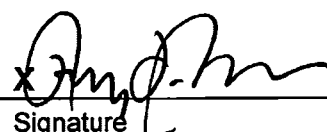
(Type name) Timothy Burr

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


Signature

(Type name) Timothy Burr

Candidate Chairperson (only for PC and PTY)


Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Timothy Burr (2) I.D. Number Seat B

(3) Cover Period 06 / 29 / 24 through 07 / 12 / 24 (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
07 / 08 / 24 / /	Timothy Burr 604 Fairpoint Drive Gulf Breeze FL 32561		Retired	Cash			\$200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Timothy Burr
 Name
 (2) 604 Fairpoint Drive
 Address (number and street)
Gulf Breeze FL 32561
 City, State, Zip Code



(3) ID Number: Seat B

(4) Check appropriate box(es):
 Candidate Office Sought: City Council, Seat B
 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 07 / 13 / 24 To 07 / 19 / 24 Report Type: P4
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , , .
 Loans \$ 0 , , .
 Total Monetary \$ 0 , , .
 In-Kind \$ 0 , , .

(7) Expenditures This Report

Monetary Expenditures \$ 0 , , .
 Transfers to Office Account \$ 0 , , .
 Total Monetary \$ 0 , , .

(8) Other Distributions
 \$ 0 , , .

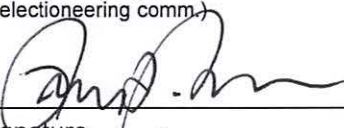
(9) TOTAL Monetary Contributions To Date
 \$, , . 200 . 00

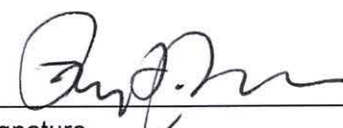
(10) TOTAL Monetary Expenditures To Date
 \$ 0 , , .

(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) Timothy Burr
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
 X 
 Signature

(Type name) Timothy Burr
 Candidate Chairperson (only for PC and PTY)
 X 
 Signature

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

RECEIVED

JUL 30 2024

BY: AG

OFFICE USE ONLY

TIMOTHY BURN

Name

CITY COUNCIL SEAT B

Office Sought

604 FAIRPOINT DR.

Address

GULF BREEZE FL 32561

City

State

Zip Code

- Candidate
 Political Committee
 Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

- Check here if address has changed since last report.
 Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

- QUARTERLY REPORT
 PRIMARY ELECTION
 GENERAL ELECTION
 OTHER REPORT TYPE

Indicate report #

Q _____

Indicate report #

P 5

Indicate report #

G _____

Indicate report type and # as applicable: _____

- TERMINATION REPORT
 SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7/20/24 THROUGH 7/26/24

X

[Signature]

Signature

7/30/24

Date

X

[Signature] Dep. Treasurer

Signature

7/30/24

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

RECEIVED

JUL 30 2024

BY: *[Signature]*

OFFICE USE ONLY

Timothy Bunn

Name

CITY COUNCIL, SEAT B

Office Sought

604 FAIRPOINT DR

Address

GULF BARRIE FL 32561

City

State

Zip Code



Candidate



Political Committee



Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).



Check here if address has changed since last report.



Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)



QUARTERLY REPORT



PRIMARY ELECTION



GENERAL ELECTION



OTHER REPORT TYPE

Indicate report #

Q _____

Indicate report #

P 6

Indicate report #

G _____

Indicate report type and # as applicable:



TERMINATION REPORT



SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7/27/24

THROUGH

8/02/24

X

[Signature]

Signature

7/30/24

Date

X

[Signature], DEP. TREASURER

Signature

7/30/24

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tim Bunn
Name

(2) 604 FAIRPOINT DR.
Address (number and street)
GOLF BRIDGE FL 32561
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: SEAT B

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL, GULF BRIDGE
- 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 08/03/2024 To 08/15/2024 Report Type: PM

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 04

Transfers to Office Account \$ _____

Total Monetary \$ _____ 04

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ 04

(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) Tim Bunn

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

[Signature]
Signature

(Type name) Tim Bunn

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Bura

(2) I.D. Number SEAT "B"

(3) Cover Period 09/03/24 through 08/15/24

(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					
1 / 1	PAYEE: CITY OF GULF BREEZE	COUNCIL "B" QUALIFYING FEE	CHECK		.04
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tim Burr
Name

(2) 604 FAIRPOINT DR
Address (number and street)

GULF BREEZE FL 32561
City, State, Zip Code



Check here if address has changed

(3) ID Number: STAT "B"

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL GULF BREEZE
- 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 07 / 03 / 24 To 08 / 21 / 24 Report Type: TERMINATION

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 199.96

Transfers to Office Account \$ _____

Total Monetary \$ _____, 199.96

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 200.00

(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) Tim Burr

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

X [Signature]
Signature

(Type name) Tim Burr

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Bunn

(2) I.D. Number _____

(3) Cover Period 08/16/24 through 08/21/24

(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
1 / 1	Bunn, Tim 604 FAIRPOINT DR. GULF BROSSE FL 32561	DISBURSE + CLOSE	REFUND		199.96
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					