

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Susan Starkey
Name

(2) 2269 S. University Drive, #109
Address (number and street)

Davie, Florida 33325
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

10-10-12P04:15 RCVD *ed*

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Davie Town Council District 3

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 01 / 2012 To 09 / 30 / 2012 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 25.00

Loans \$ 0.00

Total Monetary \$ 25.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,405.47

(10) TOTAL Monetary Expenditures To Date
\$ 233.53

(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) Susan Starkey
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Susan Starkey
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Susan Starkey
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Susan Starkey
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Susan Starkey

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2012 through 09 / 30 / 2012

(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					
// /					
// /					
	<i>N/A</i>				
// /					
// /					
// /					
// /					

SS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

*10/10/12
Hilspold*

(1) Name Susan Starkey

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2012 through 09 / 30 / 2012

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
09 / 26 / 2012	01	Barbara Granger Trustee 3111 Peachtree Cir. Davie, FL 33328			check			\$25.00
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[Signature]