

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Starkey  
 Name  
2622 East Orchard Circle  
 Address (number and street)  
Davie, FL 33328  
 City, State, Zip Code

OFFICE USE ONLY

12/9/2015 *[Signature]*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Davie Town Council, District 3
- 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 11 / 01 / 201 To 11 / 30 / 2015 Report Type: M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 50 . 00

Loans \$ -0-, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 50 . 00

In-Kind \$ -0-, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 63 . 48

Transfers to Office Account \$ -0-, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ -0-, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ -0-, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 2,870 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \$63 . 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) Susan Starkey

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

*[Signature]*  
 Signature

(Type name) Susan Starkey

Candidate  Chairperson (only for PC and PTY)

**X**  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Starkey

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

(3) Cover Period 11 / 01 / 2015 through 11 / 30 / 2015

(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
11 / 24 / 2015 01	Wells Fargo Bank P. O. Box 6995 Portland, OR 97229	Bank Check Charge			\$55.48
11 / 24 / 2015	Wells Fargo Bank P. O. Box 6995 Portland, OR 97229	Bank Check Charge			\$8.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Susan Starkey (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015 (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
11 / 12 / 2015 / / + 01	Linda Lee Granger 2952 Myrtle Oak Circle Davie, FL 33328	I		Check			\$50.00
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