

CAMPAIGN TREASURER'S REPORT SUMMARY

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



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) 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 1 /01 /2018 To 1 /31 /2018 Report Type: M 1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 00 . _____

Loans \$ _____ , 2,000 . 00

Total Monetary \$ _____ , _____ , -0- . 00

In-Kind \$ -0- , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 68 . 86 \$

Transfers to Office Account \$ -0- , _____ , _____ . _____

Total Monetary \$ -0- , _____ , _____ . _____

(8) Other Distributions

\$ -0- , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , \$68.86

(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

Susan Starkey
 Signature

(Type name) Susan Starkey

Candidate Chairperson (only for PC and PTY)

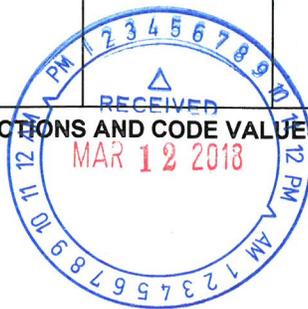
Susan Starkey
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Susan Starkey (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2018 through _____ / _____ / _____ (4) Page 1 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
01 / 09 / 2018	Susan Starkey 2622 East Orchard Cir Davie, FL 33328		Elected offi	LOAN			\$2,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Starkey

(2) I.D. Number _____

(3) Cover Period 01 / 31 / 2018 through 01 / 31 / 2018

(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					
01 / 23 / 2018 01	Wells Fargo Checks Harland Clarke P. O. Box 6995 Portland OR 97229	Checks and Deposit Slips	MON		\$68.88
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