

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

2/10/16 *[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) 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 /2016 To 1 /31 /2016 Report Type: MI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, -0- . 00

Loans \$ -0- , _____, _____

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

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ \$665.95

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

\$ _____, _____, \$729.43

(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

X *Susan Starkey*
 Signature

(Type name) Susan Starkey

Candidate Chairperson (only for PC and PTY)

X *Susan Starkey*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Starkey

(2) I.D. Number _____

(3) Cover Period 1 / 01 / 2016 through 1 / 30 / 2016

(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 / 11 / 2016 01 | Wells Fargo Bank P. O. Box 6995 Portland, OR 97229 | Bank Charge | MON | | \$3.00 |
| 1 / 06 / 2016 02 | Wells Fargo Bank P. O. Box 6995 Portland, OR 97229 | Election filing fees | MON | | \$662.95 |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |