

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

(1) Bob Starr  
**Name**

(2) 3152 Willow Rd  
**Address (number and street)**

Punta Gorda, FL 33982  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1012216]

(3) ID Number: 140

(4) **Check appropriate box(es):**

Candidate (office sought): County Commissioner District 1

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 9/27/2008 To 10/10/2008 Report Type G308

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ -0.09

Transfers to Office Account \$ 0.00

Total Monetary \$ -0.09

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 31,830.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 20,426.90

**(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.

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(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bob Starr (2) I.D. Number 140

9/27/2008 through 10/10/2008

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Bob Starr

(2) I.D. Number 140

(3) Cover Period 9/27/2008 through 10/10/2008

(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					
10/3/2008 / /	U.S Postal Service, marion ave post office Punta Gorda, fl 33980	postage	MO	Delete	\$64.66
1					
10/3/2008 / /	U.S Postal Service, marion ave post office Punta Gorda, fl 33980	postage	MO	Add	\$64.57
2					
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