

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Starlet Cannon  
 Name  
 (2) 406 SE 692 St  
 Address (number and street)  
Old Town, FL 32680  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1213978]  
 Submitted on:  
 7/1/2020 09:51:20 (eastern)

Check here if address has changed

(3) ID Number: 173

(4) Check appropriate box(es):

- Candidate Office Sought: Supervisor of Elections
- 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 6 / 13 / 2020 To 9 / 10 / 2020 Report Type: TR2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 91 . 91

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 91 . 91

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 181 . 31

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 181 . 31

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 191 . 91

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 191 . 91

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

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

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Starlet Cannon (2) I.D. Number 173  
 (3) Cover Period 6/13/2020 through 9/10/2020 (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
6/24/2020 / /	Cannon, Starlet 229 NE 351 Hwy, STE A P.O. Box 2057 Cross City, HI 32628	I	supervisor of elections	CA			\$91.91
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Starlet Cannon

(2) I.D. Number 173

(3) Cover Period 6/13/2020 through 9/10/2020

(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					
6/24/2020 / /	Dixie County Advocate, P.O.Box 5030 Cross City, Fl 32628	thank you ad	MO		\$181.31
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