CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Cassandra Starks	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	104 Celebration Blvd.	Submitted on:							
	Address (number and street)	11/6/2020 09:47:16 (eastern)							
	Celebration, FL 34747								
	City, State, Zip Code	(2) ID Noveley							
	Check here if address has changed	(3) ID Number: 413							
(4) Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Celebration Community Development Seat 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 9 / 5 / 2020 To	9 / 18 / 2020 Report Type: G3							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	h & Checks \$,,,,00_	Monetary Expenditures \$ , , 0 . 00							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,	Total Monetary \$ , , , 0 . 00							
In-Ki	ind \$,, <u>0</u> . <u>00</u>	(8) Other Distributions \$ , , 000_							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$	(10) TOTAL Monetary Expenditures To Date \$ , 1 ,77566							
(T	It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, corresponding to the personal certify that I have examined this report and it is true, corresponding to the personal certify that I have examined this report and it is true, corresponding to the personal certify that I have examined this report and it is true, corresponding to the personal certification of the persona	tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cassandra Starks			(2) I.D. Number 413					
	9/5/2020			9/18/	2020				
(3) Cover Period		/	through	1	1	(4) Page	1	of _	1

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/14/2020	Harris-Starks, Cassandra L 104 Celebration Blvd Celebration, FL 34747	S	lawyer	СН	, the second sec	Delete	\$400.0
9/14/2020	Harris-Starks, Cassandra L 104 Celebration Blvd Celebration, FL 34747	S	lawyer	LO		Add	\$400.0
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1 1							
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J I							

(1) Name <sup>Cassa</sup>	URES				
	9/5/2020 9/1 /through	8/2020	l) Page <u>1</u>		0
(5) Date  (6) Sequence Number	(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
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DS-DE 14 (Rev. 11/13 )