FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Kathryn Starkey	OFFICE USE ONLY							
<b>Name</b> ( <b>2</b> ) 12959 St Rd 54	ONLINE SUBMISSION [1046369]							
Address (number and street)	Submitted on:							
Odessa, FL 33556	10/4/2012 22:01:53 (eastern)							
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 520							
(4) Check appropriate box(es):  X Candidate (office sought): County Commissioner District 3								
<ul><li>☐ Political Committee</li><li>☐ Committee of Continuous Existence</li></ul>	CHECK IF PC HAS DISBANDED							
☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED							
☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED								
(5) REPORT	IDENTIFIERS							
Cover Period: From	9/14/2012 / Report Type G1							
☐ Original	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$	Monetary Expenditures \$ 0.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 0.00							
In-Kind \$								
	(8) Other Distributions							
	\$							
(9) TOTAL Monetary Contributions To Date \$80,876.59_	(10) TOTAL Monetary Expenditures To Date \$							
00,070.59	39,313.91							
(11) CERT	TIFICATION							
, <u>, , , , , , , , , , , , , , , , , , </u>	son 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.  I certify that I have examined this report and it is true, correct, and complete.								
(Type name)	(Type name)							
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kathryn Starkey (2) I.D. Number							
	8/10/2012			/14/2012				
(3) Cover Perio	od//	thro			(4) Pag	ge	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	5.22.0	ontributor	Contribution	In-kind	Amendment		
Number	City, State, Zip Code Gigiannantonio,	Type I	Occupation	Type CH	Description	Delete	Amount \$100.0	
8/21/2012	Trustee, Paulette 3717 Woodridge Place Palm Harbor, FL 34684-2449	_					γ100.0	
1	raim naibui, ri 34004-2449							
6/21/2012 / /	DiGiannantonio, Trustee, Paulette 3717 Woodridge Place Palm Harbor, FL 34684-2449	I		СН		Add	\$100.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Kathryn Starkey (2) I.D. Number 520							
(3) Cover Period	8/10/2012 /through	9/14/2012 ///	(4) Page1	of _	0		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
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