FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Kathryn Starkey	OFFICE USE ONLY							
<b>Name</b> (2) 12959 St Rd 54	ONLINE SUBMISSION							
Address (number and street)	Submitted on:							
Odessa, FL 33556	8/6/2012 10:04:35 (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     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 7/7/2012 / Report Type P2  Original Amendment Special Election Report Independent Expenditure Report								
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT Monetary							
Cash & Checks \$	Expenditures \$ 2,500.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 2,500.00							
In-Kind \$	1000 1000 1000 1000 1000 1000 1000 100							
	(8) Other Distributions \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERT	FICATION							
(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.  I certify that I have examined this report and it is true, correct, and complete.								
(Type name)	(Type name)							
Individual (only for Treasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	Kathryn Starkey				z) I.D. Numbe	er5	520
	7/7/2012		7	/20/2012			
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(E)	(7)		(0)	(0)	(40)	(4.4)	(40)
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Kathryn :	Stark	ey				 (2) I.D. Num	nber	5	520	an an
	7/	7/20	12		7/20/20	12					
(3) Cover P	eriod	1	1	through	1	1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/16/2012	Sunrise Consulting, 9842 Balsaridge Court Trinity, FL 34655	consulting fee	МО	Add	\$2,500.00
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