

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kathryn Starkey  
 Name  
 (2) 4920 Galleon Ct  
 Address (number and street)  
New Port Richey, FL 34652  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1197770]  
 Submitted on:  
 1/10/2020 11:29:19 (eastern)

Check here if address has changed

(3) ID Number: 1149

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 3
- 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 12 / 1 / 2019 To 12 / 31 / 2019 Report Type: M12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,  31  . 85

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,  31  . 85

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,  100  ,  690  . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,   4   ,  418  . 44

### (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 EXPENDITURES**

(1) Name Kathryn Starkey

(2) I.D. Number 1149

(3) Cover Period 12/1/2019 through 12/31/2019

(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					
12/4/2019 / /	Center State Bank, 1815 Little Road Trinity , Fl 34655	check charges	MO		\$23.85
1					
12/4/2019 / /	Regions Bank, 3242 Little Road Trinity , Fl 34655	bank service charge	MO		\$8.00
2					
/ /					
/ /					
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