

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gail Caldwell
Name

(2) 11220 4th St E
Address (number and street)

TI FL 33706
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COMMISSION OF TREASURERS ^{Dist. 2} FL

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 12 / 06 / 11 To 12 / 31 / 11 Report Type Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 300.00

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 152.76

Transfers to Office Account \$ _____

Total Monetary \$ 152.76

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 300.00

(10) TOTAL Monetary Expenditures To Date

\$ 152.76

(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) Gail Caldwell

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Gail Caldwell
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gail Caldwell

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Gail Caldwell
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name GAIL CALDWELL (2) I.D. Number _____

(3) Cover Period 12/06/11 through 12/31/11 (4) Page 2 of 3

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)
 Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution or Transfer Type	(10) In-kind Descrip or Nature of Acct.	(11) Amended	(12) Amount
(6) Seq Num		Type	Occupation				
12/06/11	GAIL CALDWELL 11220 4TH ST E TIFL 33706	I	RETIRED	LOA			300.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SAIL CALDWELL

(2) I.D. Number _____

(3) Cover Period 12/10/11 through 12/31/11

(4) Page 3 of 3

(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
12/15/11	City of TJ TJ FL 33706	FILING FEE	MON		104.00
①					
12/15/11	Walmart Pinellas Park FL	OFFICE Supplies	MON		48.76
2					
1/1					
1/1					
1/1					
1/1					
1/1					