

**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)

TREASURE Island, 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 Treasure Island FL - District 2
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(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 \$ 251.24

Transfers to Office Account \$ _____

Total Monetary \$ 251.24

(8) Other Distributions
\$ 0

(9) TOTAL Monetary Contributions To Date
\$ 300.00

(10) TOTAL Monetary Expenditures To Date
\$ 251.24

(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.

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(Type name) Gail Caldwell

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Gail Caldwell

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

X Gail Caldwell
Signature

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 TIE FL 33706 | I | Retired | LOA | | | 300.00 |
| (1) | | | | | | | |
| 1 / 1 | | | | | | | |
| 1 / 1 | | | | | | | |
| 1 / 1 | | | | | | | |
| 1 / 1 | | | | | | | |
| 1 / 1 | | | | | | | |
| 1 / 1 | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Gail Caldwell

(2) I.D. Number _____

(3) Cover Period 12/06/11 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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 12/15/11 ① | CITY of TI TI FL 33706 | FILING FEE | MOX | | 104.00 |
| 12/15/11 ② | Walmart Pinellas Park FL | OFFICE Supplies | MOX | | 147.24 |
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