

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donald Fleming  
 Name  
 (2) Protected  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1120088]  
 Submitted on:  
 8/13/2016 08:07:10 (eastern)

Check here if address has changed

(3) ID Number: 315

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 6 / 2016 To 8 / 12 / 2016 Report Type: P6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 300 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 300 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 202 . 35

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 202 . 35

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 19 , 875 . 99

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 17 , 274 . 78

### (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 CONTRIBUTIONS

(1) Name Donald Fleming (2) I.D. Number 315

8/6/2016 through 8/12/2016

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

| (5)<br>Date     | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |         | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-----------------|--|---------------------------------------|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 8/9/2016<br>/ / | Williams, Robert E<br>37 Brigadoon Lane<br>Palm Coast, FL 32137                                | I                                     | retired | CH                          |                                |                   | \$300.00       |
| 1               |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Donald Fleming

(2) I.D. Number 315

(3) Cover Period 8/6/2016 through 8/12/2016

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 8/9/2016<br>/ /           | Ponce Inlet Printing,<br>1726 S. Nova Road<br>South Daytona, FL 32112                          | postage for<br>cards   | MO                         |                   | \$102.36       |
| 1                         |  |  |                            |                   |                |
| 8/11/2016<br>/ /          | Office Divvy,<br>389 Palm Coast Pkwy. Ste #4<br>Palm Coast, FL 32137                           | phone service  | MO                         |                   | \$99.99        |
| 2                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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