CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Denise L. Calderwood	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	44 Buttermill Dr.	Submitted on:							
	Address (number and street)	8/29/2020 15:18:58 (eastern)							
	Palm Coast, Fl 32137								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:503							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Commis	sion District 5							
	☐ 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	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 8 / 14 / 2020 To	8 / 21 / 2020 Report Type: G1							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
\ - /		Monetary							
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 144 . 00							
Loar	ns \$,,,000	Transfers to							
		Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , ,0 . <u>00</u>								
		Total Monetary \$, , <u>144</u> . <u>00</u>							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>4</u> , <u>500</u> . <u>00</u>	\$, <u>3</u> , <u>359</u> . <u>48</u>							
		tification on to falsify a public record (ss. 839.13, F.S.)							
1									
I certify that I have examined this report and it is true, correct, and complete:									
_(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Denise L. Calderwoo	d			2) I.D. Numbe	er5	03
	8/14/2020 od///		8	/21/2020 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Only, Oldie, 219 Oode	Турс	Cocupation	Турс	Beschpilon		Timodile
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Denise	L.	Cal	derwo	od				 (2)	I.D. Nun	nber		503	
		8/1	4/20	20		8/21	/2020)						
(3) Cover P	eriod		1	1	through	1		1	(4)	Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
8/17/2020	Xpress Printing & Signs, 3 Cypress Branch Way Unit #105 palm Coast, Fl 32137	printing flyers & business cards	МО		\$144.00
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DS-DE 14 (Rev.					