

CAMPAIGN TREASURER'S REPORT SUMMARY

1) Cal Rolfson

Name

(2) 8014 St. James Way

Address (number and street)

Mount Dora, FL 32757

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 5/18/16 To 12/15/16 Report Type: TR Final

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 100⁰⁰, ____, ____ . ____

Loans \$ ____, ____, ____ . ____

Total Monetary \$ ____, ____, ____ . ____

In-Kind \$ ____, ____, ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 61¹⁰, ____, ____ . ____

Transfers to Office Account \$ ____, ____, ____ . ____

Total Monetary \$ 61¹⁰, ____, ____ . ____

(8) Other Distributions

\$ 38⁹⁰, ____, ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 100⁰⁰, ____, ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 61¹⁰, 100⁰⁰, ____, ____ . ____

(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) Cal Rolfson

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Signature

(Type name) Cal Rolfson

Candidate Chairperson (only for PC and PTY)

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cal Rolfsen (2) I.D. Number _____

(3) Cover Period 5 / 18 / 16 through 6 / 20 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
05 / 18 / 16	Rolfsen, Calvin N 8014 st. James way Mount Dora, FL 32757	I	Self- retired attorney	CHE			\$100
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cal Rolfsen

(2) I.D. Number _____

(3) Cover Period 05/18/16 through 12/12/16

(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
05/18/16	Rolfsen, Calvin M. 8014 St. James way Mount Dora, FL 32757	Election Filing Fee	CAN		\$61.10
12/12/16	Rolfsen, Calvin M. 8014 St. James way Mount Dora, FL 32757	Reimbursement Personal Funds	RMB		\$38.90
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					