

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Darel Crame
Name

(2) 2005 Helms Av
Address (number and street)
Leesburg FL 34748
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: Col Commission D.2
☐ 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 individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 19 / 22 To 8 / 26 / 22 Report Type: _____
☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(10) TOTAL Monetary Expenditures To Date

\$ _____

(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 Darel Crame
Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Darel Crame
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAREL W CRaine

(2) I.D. Number _____

(3) Cover Period 8/19/22 through 8/26/22

(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
(6) Sequence Number					
<u>1/1</u>	<u>Darel CRaine</u>		<u>Sign Deposit</u>		<u>\$100</u>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Darel W CRAME (2) I.D. Number _____

(3) Cover Period 8 / 19 / 22 through 8 / 26 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	Darel CRAME			LOAN			\$100.
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Darel CRAIG

(2) I.D. Number _____

(3) Cover Period 8/19/22 through 8/26/22

(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
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