

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Calvin L Adams Jr

Name

(2) PO Box 2653

Address (number and street)

Crystal River, FL 34423-2653

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 551

### OFFICE USE ONLY

ONLINE SUBMISSION

[1303087]

Submitted on:

1/23/2024 22:00:29 (eastern)

(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 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3

☐ Original

☒ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 9 , 905 . 01

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 324 . 65

### (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 Calvin L Adams Jr (2) I.D. Number 551  
 7/1/2023 9/30/2023  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (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						
7/10/2023 / /	Bullard, David Bullard 210 Harbour Pt Dr Crawfordville, FL 32327	I law enforcemen t	CH		Add	\$0.00
1						
8/2/2023 / /	Bullard, David Bullard 210 Harbour Pt Dr Crawfordville, FL 32327	I law enforcemen t	CH		Add	\$0.00
2						
9/1/2023 / /	Bullard, David 210 Harbour Pt Dr Crawfordville, FL 32327	I law enforcemen t	CH		Add	\$0.00
3						
/ /						
/ /						
/ /						
/ /						
/ /						

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Calvin L Adams Jr

(2) I.D. Number 551

(3) Cover Period 7/1/2023 through 9/30/2023

(4) Page 1 of 0

(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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