	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Chase Tramont	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION [1162009]					
(2)	3781 Grove View Lane	Submitted on:					
	Address (number and street)	7/21/2018 15:05:30 (eastern)					
	Port Orange, FL 32129						
	City, State, Zip Code Check here if address has changed						
	(3) ID Number:463						
(4)	Check appropriate box(es):						
	Candidate Office Sought: Port Orange C	ouncil District 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	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From 7 / 7 / 2018 To						
X O		ecial Election Report					
		<u> </u>					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$, , <u>750</u> . <u>00</u>	Monetary					
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00					
Tota	Monetary \$,, <u>750</u> . <u>00</u>	Total Monetary \$, , 244 . 00					
In-Ki	ind \$, , 0.00	,,					
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, <u>8</u> , <u>526</u> . <u>66</u>					
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, corr						
(T	ype name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cha	se Tramoni	t			(2) I.D. Number		463	
	7/7/2018	3		7/20/	2018				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/11/2018	FORD, BOB ***Protected***	Ī	retired	CH			\$300.0
7/8/2018	BRANCH, MYRNA 421 NASH LANE PORT ORANGE, FL 32127	I	retired	СН			\$100.0
7/9/2018	TRACY, CHARLES 5939 BROKEN BOW LANE PORT ORANGE, FL 32127	I	retired	СН			\$150.0
7/14/2018	MCCABE, WILLIAM 6080 SHALLOW BROOK CT PORT ORANGE, FL 32128	I	insurance	СН			\$200.0
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1 1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Chase	Tramont					(2) I.D. Nun	nber	4	163	300
	7/7/201	L8	•	7/20/20	18		,	-			-
(3) Cover Period	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
7/13/2018	CRANE LAKES COMMUNITY, 1850 CRANE LAKES BLVD PORT ORANGE, FL 32128	advertising	МО		\$140.00
1					
7/7/2018	FACEBOOK BOOST, 1 HACKER WAY MENLO PARK, CA 94025	advertising	МО		\$60.00
2					
7/8/2018	CUMBERLAND FARMS, 3803 S CLYDE MORRIS BLVD PORT ORANGE , FL 32129	fuel	MO		\$44.00
3					
//					
				3	
//					
11					
//					
M 26					
//					
DS-DE 14 (Rev					