CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Charlene Bishop	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	394 N. Euclid Ave	Submitted on:						
	Address (number and street) Lake Helen, FL 32744	10/10/2022 16:08:48 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 892						
(4)	Check appropriate box(es):							
	 \[
	(5) Report	Identifiers						
Cove	er Period: From 9 / 24 / 2022 To							
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$, , ,000	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, , 0 . 00						
In-Ki	ind \$,, <u>51</u> . <u>60</u>							
		(8) Other Distributions \$, , 000_						
(9)	TOTAL Monetary Contributions To Date \$, 1 , _90000	(10) TOTAL Monetary Expenditures To Date \$, 1 , _69964						
(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								
X		X Signature						
51	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Charlene Bishop	(2) I.D. Number						
	9/24/2022			0/7/2022				
(3) Cover Perio	od//	thro			(4) Page	1	of ¹	
			14497					
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
9/26/2022	Bishop, Charlene	I	retired	IK	stickers/		\$51.6	
1 1	***Protected Voter***				round labels			
1								
1 1								
SH ST	7							
1 1								
<i>Y Y</i>								
1 1								
1 1	_							
I I	-							
1 1	_							
1 1								

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	CAMPAIGN TREASURER'S REPORT - ITEMIZ Charlene Bishop			IZED EXPENDIT (2) I.D. Number		RES 892	
-	9/24/2022		/7/2022	3. 7			
(3) Cover Period _		through		(4) Page <u>1</u>	of _	0	
(5)	(7)	(8)	(9)	(10)	(11)	
Date	Full N (Last. Suffix.		Purpose (add office so				

(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
//					
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