

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DARLA BOK

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 6/1/20 through 6/12/20

(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
6/9/20	CITY of Fort Myers	<del>Qualifying</del> Qualifying	CAN		426. <sup>30</sup>
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