

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DIANA GIRALDO (2) I.D. Number 000

(3) Cover Period 06/01/2020 through 06/12/2020 (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					
06/12/2020	CITY OF FORT MYERS 2200 SECOND STREET FORT MYERS, FL 33901	QUALIFYING FEES WARD 6	MON		426 ³⁰ / _{XX}
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