

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Wray (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
6/12/20	CITY OF FORT MYERS 2200 2nd St. FORT MYERS FL. 33901	Filing Fee	CAN		\$426.30
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