CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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(1) Name Chauncey Solinger **(2) I.D. Number** _____

(3) Cover Period 06/13/2020 / _____ / _____ through)6/23/2020 / _____ / _____ **(4) Page** _____ of _____

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ / N/A	N/a						n/a
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES