CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

JUL 6 20 3:41PM

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

(3) Cover Period 06/13/2020 through 06/26/2020 (4) Page _____ of _____

(5) Date / (6) Sequence Number	(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
06/15/2020 / /	City of Fort Myers	qualifing	check		426.30
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES