

CAMPAIGN TREASURER'S REPORT SUMMARY

JUL 24 20 11:33PM

R

(1) Chauncey Solinger
 Name
 (2) 4856 Palm Beach Blvd
 Address (number and street)
Fort Myers FL 33905
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06/27/2020 / _____ To 07/10/2020 / _____ Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 2,325.75 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 6,105.23 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 4495.69 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Chauncey Solinger
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
 Signature

(Type name) Chauncey Solinger
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature