

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Chauncey Solinger

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

07/18/2020 07/24/2020

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

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