

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Gail Anthony (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 / 18 / 20 through 07 / 24 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
07 / 18 / 20	Trudi K Williams 14380 Riva Del Lago Dr # 2005 Fort Myers FL 33907	I	Engineer	CHE			\$ 250.00
07 / 22 / 20	Minnie H Jackson 2604 St Charles Fort Myers FL 33916	I	Retired	CHE			\$ 100.00
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