

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Chauncey Solinger

(2) I.D. Number _____

(3) Cover Period 07/25/2020 through 07/31/2020

(4) Page _____ of _____

(5) Date	(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
(6) Sequence Number					
n/a / /	n/a				
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