

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chauncey Solinger

Name

(2) 4856 Palm beach blvd

Address (number and street)

Fort Myers FL 33905

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(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 08/14/2020 / _____ To 11/16/2020 / _____ Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 20 , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ 34.54 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 6105.23 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 6105.23 , _____ , _____ . _____

(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



(Type name) Chauncey Solinger

Candidate Chairperson (only for PC and PTY)

X

Signature

