

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Solomon Olopade

Name

(2) https://www.facebook.com/vote4solomon; P.O. Box 16163

Address (number and street)

Jacksonville, FL 32245

City, State, Zip Code

Check here if address has changed

(3) ID Number: 861

OFFICE USE ONLY
ONLINE SUBMISSION

[1184915]

Submitted on:

2/22/2019 12:32:39 (eastern)

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 7

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 2 / 9 / 2019 To 2 / 15 / 2019 Report Type: F4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 5 , 260 . 08

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 260 . 08

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 63 , 652 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 47 , 216 . 40

(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)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Solomon Olopade (2) I.D. Number 861

(3) Cover Period 2/9/2019 through 2/15/2019 (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
2/15/2019 / /	Emed Clinical, 2624 Atlantic Blvd Jacksonville, Fl 32207	B	medical	CH			\$1,000.00
1							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Solomon Olopade

(2) I.D. Number 861

(3) Cover Period 2/9/2019 through 2/15/2019

(4) Page 1 of 1

(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					
2/11/2019 //	SAO, P.O Box 16163 Jacksonville, FL 21146	canversing	MO		\$2,500.00
1					
2/11/2019 //	ABC, 10325 Interstate Drive Jacksonville, Fl 32218	contribution	MO		\$50.00
2					
2/12/2019 //	Ace Printing, 2801 N main Street Jacksonville, Fl 32206	flyers	MO		\$11.24
3					
2/14/2019 //	DCDBC, P.O. Box 28177 Jacksonville, Fl 32226	contribution	MO		\$60.00
4					
2/14/2019 //	Domino Pizza , N Main Street Jacksonville, Fl 32208	lunch	MO		\$33.34
5					
2/14/2019 //	USPS, 1100 Kings Road Jacksonville, Fl 32203	postal	MO		\$53.00
6					
2/15/2019 //	SAO, P.O Box 16163 Jacksonville, Fl 32211	canversers	MO		\$2,500.00
7					
2/15/2019 //	Famous Amos, N Main street Jacksonville, Fl 32206	staff lunch	MO		\$52.50
8					