

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Solomon Olopade
 Name
 (2) P.O. Box 16163
 Address (number and street)
Jacksonville, FL 32245
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1181285]

Submitted on:
 12/8/2018 12:46:26 (eastern)

Check here if address has changed

(3) ID Number: 861

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 7
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 1 / 2018 To 11 / 30 / 2018 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, 10 , 000 . 00

Total Monetary \$, 10 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 50 , 152 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 402 . 06

(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

11/1/2018 through 11/30/2018

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
11/30/2018 / /	olopade, solomon P.O Box 16163 Jacksonville, Fl 32245	S	architect	LO			\$10,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Solomon Olopade

(2) I.D. Number 861

(3) Cover Period 11/1/2018 through 11/30/2018

(4) Page 1 of 0

(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					
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