

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Solomon Olopade  
 Name  
 (2) P.O. Box 11483  
 Address (number and street)  
Jacksonville, FL 32239  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1293139]

Submitted on:  
 2/17/2023 23:16:05 (eastern)

Check here if address has changed (3) ID Number: 1205

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 8

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 1 / 28 / 2023 To 2 / 10 / 2023 Report Type: F3

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        , 7 , 700 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 7 , 700 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 40 , 250 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 11 , 258 . 24

### (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 1205

1/28/2023 through 2/10/2023

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Solomon Olopade

(2) I.D. Number 1205

(3) Cover Period 1/28/2023 through 2/10/2023

(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					
2/6/2023 //	Gaillard, Scott 4623 Tanbark Road Jacksonville, Fl 32210	consultation	MO		\$1,900.00
1					
2/6/2023 //	TLH, 1057 Arlington Exp Jacksonville, Fl 32211	commercial campaign	MO		\$5,800.00
2					
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