CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Liston D. Bochette III (2) I.D. Number

(3) Cover Period 8/1/20 through 8/31/20 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
8/1/20 KY	Alyce Bochette P.O Box 1593 Kmy, FL 33902	stamps	CAS		11,30
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					