

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Liston D. ROCHETTE III (2) I.D. Number _____

(3) Cover Period 8/14/20 through 8/28/20 (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
- / - / -	None	-	-	-	-
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