

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Liston D. ROCHETTE III (2) I.D. Number _____
 (3) Cover Period 9/12/20 through 9/25/20 (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
(6) Sequence Number					
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