

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

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

(3) Cover Period 10.3.20 through 10.9.20 (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
9/28/20	Liston Bochette P.O. Box 1593	Stamps US Post office	CAS		1,650.-
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