

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) **ELIZABETH TRICOCHÉ**  
 Name  
 1140 102 STREET #4  
 Address (number and street)  
 BAY HARBOR ISLANDS, FL 33154  
 City, State, Zip Code

(2) **ELIZABETH TRICOCHÉ**  
 Name  
 1140 102 STREET #4  
 Address (number and street)  
 BAY HARBOR ISLANDS, FL 33154  
 City, State, Zip Code

Check here if address has changed  
 (3) ID Number: 392

(4) Check appropriate box(es): **COUNCIL MEMBER**

Candidate Office Sought: **COUNCIL MEMBER**

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

(5) Report Identifiers

Cover Period: From 07/18/2020 To 07/24/2020 Report Type: G11

Original  Amendment  Special Election Report

(6) Contributions This Report		(7) Expenditures This Report	
Cash & Checks	\$ 1000.00	Monetary Expenditures	\$ 2168.15
Loans	\$ 0.00	Transfers to Office Account	\$ 0.00
Total Monetary	\$ 0.00	Total Monetary	\$ 0.00
In-Kind	\$ 0.00	(8) Other Distributions	\$ 0.00
(9) TOTAL Monetary Contributions To Date	\$ 5350.00	(10) TOTAL Monetary Expenditures To Date	\$ 4188.16

(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) **ELIZABETH TRICOCHÉ**

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

*Elizabeth Tricoche*

X Signature

(Type name) **ELIZABETH TRICOCHÉ**

Candidate  Chairperson (only for PC and PTY)

*Elizabeth Tricoche*

X Signature

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

(1) Name ELIZABETH TRICOCCHE (2) I.D. Number 392

(3) Cover Period 07/18/2020 / 07/24/2020 / 07/24/2020 through 07/24/2020 / 07/24/2020 / 07/24/2020 (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
/ /		N/A				
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

ELIZABETH TRICOCHÉ

392

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/18/2020 / / through 07/24/2020 / / of 1

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
07/20/2020 / /	611-1	SUNSHINE GASOLINE 1650 NW 87TH AVE DOSEL, FL 33172	B GAS STATIONS	CHE			1000.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES