

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIZABETH TRICOCHÉ

Name

(2) 1140 102 STREET #4

Address (number and street)

BAY HARBOR ISLANDS, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: 392

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 07/18/2020/ To 07/24/2020/ Report Type: G12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1000.00 , ____ . ____

Loans \$ 0.00 , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ 0.00 , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 2168.15 , ____ . ____

Transfers to Office Account \$ 0.00 , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

(8) Other Distributions

\$ 0.00 , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 5350.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 4188.16 , ____ . ____

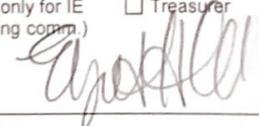
(11) Certification

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:

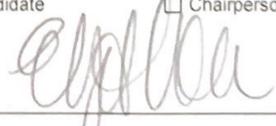
(Type name) ELIZABETH TRICOCHÉ

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

X 
Signature

(Type name) ELIZABETH TRICOCHÉ

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELIZABETH TRICOCHÉ

(2) I.D. Number 392

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

(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
// /	N/A				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07/18/2020 / / through 07/24/2020 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
07/20/2020 / /	SUNSHINE GASOLINE 1650 NW 87TH AVE DORAL, FL 33172	B	GAS STATIONS	CHE			1000.00
G-1-1							
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