

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Liston D. Bochette III

Name

(2) P.O. Box 773

Address (number and street)

Fort Myers, FL 33902

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

JUL 7 13 1:29PM

(4) Check appropriate box(es):

Candidate Office Sought: City Council Ward 4

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 06/01/23 To 06/30/23 Report Type: 23-M6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 77 . 82

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 77 . 82

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, _____ . _____

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

Cathy Ancefsky
 X
 Signature

(Type name) Liston Bochette
 Candidate Chairperson (only for PC and PTY)

Liston Bochette
 X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06/01/23 through 06/30/23 (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	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
06/30/23	N/A	-	-	COF			\$77. ⁸²
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\$77.⁸²

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 06/01/23 through 06/30/23 (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
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