CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Trizia Eavenson	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1303315]						
(2)	6767 N Wickham Rd; Suite 400	Submitted on:						
	Address (number and street)	2/13/2024 02:15:02 (eastern)						
	Melbourne, FL 32940							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:953						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Court	Judge, Group 6						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 5 / 1 / 2023 To	5 / 31 / 2023 Report Type: M5						
□ 0	riginal Amendment Spo	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)	Communication Company	Monetary						
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00						
		<u> </u>						
Loar	ns \$,,,000	Transfers to						
		Office Account \$ , , , 0 . 00						
Tota	I Monetary \$ , , 0 . <u>00</u>							
		Total Monetary \$ , , 0 . 00						
In-Ki	ind \$,, <u>0</u> . <u>00</u>							
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>125</u> , <u>780</u> . <u>82</u>	\$, <u>126</u> , <u>961</u> . <u>92</u>						
		tification on to falsify a public record (ss. 839.13, F.S.)						
1								
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Trizia Eavenson				2) I.D. Numbe	r9	53
	5/1/2023		5	/31/2023			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	a 1	of
÷							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Trizia	Eavenso	on				 (2) I.D. Nur	nber	9	)53	
		5/1/202	3		5/31/2	023		-			
(3) Cover P	eriod	1	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/10/2023	Overnight Prints, 7582 Las Vegas Blvd. S Suite 487 Las Vegas, NV 89123	business cards	MO	Add	\$54.59
5/10/2023	Overnight Prints, 7582 Las Vegas Blvd. S Suite 487 Las Vegas, NV 89123	refund of defective business cards	RE	Add	\$-54.59
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DS-DE 14 (Rev	4440 \	· ·			