CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Francisco (Frank) Pichel	OFFICE USE ONLY							
,	Name	ONLINE SUBMISSION							
(2)	Confidential Per F.S. 119.07	Submitted on:							
	Address (number and street)	1/20/2022 19:38:53 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 72							
(4)	Check appropriate box(es):	(6) 12 Ivanicon.							
(-)									
	Political Committee (PC)								
	Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers an</li></ul>	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>							
	individual making electioneering communications)	_ oncor here it no other in or no reports will be med							
	(E) Paradi	Islandifi un							
(5) Report Identifiers  Cover Period: From $10$ / $29$ / $2021$ To $1$ / $31$ / $2022$ Report Type: TR									
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$ , , 0 . 00	Monetary							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Tota	Il Monetary \$ , , 0 . 00	Total Monetary \$ , , 280 . 90							
In-Ki	ind \$ , , 0.00								
		(8) Other Distributions							
		\$, ,, ,0 . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
<b>(</b> )	\$, 5 , 500 . 00	\$ , 5 , 485 . 00							
		tification							
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:									
<u> </u>	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Francisco (Frank)	Piche	1		2) I.D. Numbe	er <u>7</u>	'2
(3) Cover Peri	10/29/2021 od///	thro	1 ough	/31/2022 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Oity, State, 21p Gode	Турс	Occupation	Турс	Description		Amount
1 1							
1 1							
1 1							
I I	_						
1 1							
1 1							
1 1							
1 1							

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

(1) Name _F	rancisco	(Fran	k) 1	Pichel	The state of the s		 (2) I.D. Nun	nber	7	'2	
	10/	29/202	21		1/31/20	)22	-				
(3) Cover Po	eriod	1	1	through	1	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
12/17/2021	Claim Specialist Consulting, L, 757 NW 27 Avenue	reimbursement for campaign donation	RM		\$280.90
1	Suite 205 Miami, FL 33125				
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DS-DE 14 (Rev.	11/13 \				