CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	David P. LaRoche	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	14851 State Rd 52 Unit 107 Suite 182	Submitted on:							
	Address (number and street) Hudson, FL 34669	5/30/2020 12:07:48 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 1177							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: Superintendent of Schools</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	Identifiers							
Cov	er Period: From $\frac{4}{2}$ / $\frac{1}{2020}$ To								
	riginal 🖾 Amendment 🔲 Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , <u>260</u> . <u>09</u>	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , <u>260</u> . <u>09</u>								
In-Ki	ind \$ , , 0.00	Total Monetary \$ , , 0 . 00							
		(8) Other Distributions \$ , , 000							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ , 2 , 734 90_	(10) TOTAL Monetary Expenditures To Date \$ , 1 , _88003							
(T	(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)  Individual (only for IE  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)								
<u>X</u>		X Simples							
SI	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	David P. LaRoche	(2) I.D. Number						
	4/1/2020		4	/30/2020		1	1	
(3) Cover Peri	od///	thro	ough	<i>ll</i>	(4) Pag	ge <u> </u>	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10)	(11)	(12)	
Number	City, State, Zip Code	Туре	New York (1.196-1/16) (A.196-1/16) (A.196-1/	Туре	Description	Amendment	Amount	
4/12/2020	Franks, Steven 9041 Sharps Ct New Port Richey, FL 34655	Ĩ	teacher	СН		Add	\$10.0	
4/9/2020	LaRoche, Constance ***Protected Voter***	I	retired	СН		Add	\$250.0	
2	***Protected Voter***							
J J								
J J								
I I								
J I								
1 1								
1 1								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

C) 1) Name <u>David</u>	EXPENDIT 2) I.D. Number		1177		
(3) Cover Period _	4/1/2020 4, // through		4) Page1	of	0
(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)	(11)
//					
//					
//					
//					
//					
//					
//					
, ,					