	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Mark Rossi	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	24 Hilton Haven Rd	Submitted on:								
	Address (number and street)	5/5/2020 09:15:37 (eastern)								
	Key West, FL 33040									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:503								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: City of Key W	est								
	<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 4 / 1 / 2020 To	4 / 30 / 2020 Report Type: M4								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(-)	осилизмено ино порег	Monetary								
Cast	n & Checks \$ , , 500 . 00	Expenditures \$ , , 17 . 20								
<b>J</b> uo.	,, ,, ,	· · · · · · · · · · · · · · · · · · ·								
Loar	ns \$,,,000	Transfers to								
		Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , <u>500</u> . <u>00</u>									
		Total Monetary \$ , , _17 . 20								
In-Ki	nd \$,, <u>0</u> .00									
		(8) Other Distributions								
		\$ , , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,, 500 . 00	\$ , , 17. 20								
		tification								
	It is a first degree misdemeanor for any pers	. , ,								
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	Mark Rossi	(2) I.D. Number <sub>503</sub>							
(3) Cover Peri	4/1/2020 od///	thro		/30/2020	(4) Pag	je <u>1</u>	of		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)  Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11)	(12)		
1	solomon, ronald 515 Whitehead St Kwy West, FL 33040		lawyer	СН	2000, 1000		\$500.0		
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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 Mark	Rossi					(2) I.D. Ni	umber		503	
	4/1/20	20		4/30/20	20					
(3) Cover Period	I	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
4/22/2020	Supervisor of Elections, 530 Whitehead St Key West, FL 33040	petition fee	MO		\$17.20
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