

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark Rossi

Name

(2) 24 Hilton Haven Rd

Address (number and street)

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 West

☐ 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

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ONLINE SUBMISSION
[1205677]

Submitted on:

5/5/2020 09:15:37 (eastern)

(5) Report Identifiers

Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 17 . 20

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 17 . 20

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 17 . 20

(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 or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark Rossi (2) I.D. Number 503

4/1/2020

4/30/2020

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

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(1) Name Mark Rossi (2) I.D. Number 503
(3) Cover Period 4/1/2020 through 4/30/2020 (4) Page 1 of 1

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