CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Holly Merrill Raschein	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1287499]							
(2)	102411 Overseas Hwy	Submitted on:							
	Address (number and street)	11/9/2022 11:44:01 (eastern)							
	Key Largo, Fl 33037 City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 575							
(4)	Check appropriate box(es):	(6) 15 (10)10011							
(-7	Check appropriate box(es). Candidate Office Sought: County Commissioner, Dist. 5 Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed								
	(5) Report	dentifiers							
Cov	er Period: From 10 / 8 / 2022 To	10 / 21 / 2022 Report Type: G5							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$,6 ,570 . 59							
In-Ki	ind \$, , 0 . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ _\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\								
(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 Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)								
_X		<u>X</u>							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Holly Merrill Rasch	ein		(2) I.D. Number						
	10/8/2022			0/21/2022						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e _ 1	of ⁰			
10045 VM			1440							
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)	_		_						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	A			
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 _Ho	olly	Merril	l Ras	schein		74 10	 (2) I.D. Nun	nber	ŗ	575	and an artist of the second
		10/8/	2022		10/21	/2022		-			
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/14/2022	David Johnson, 200 West College Avenue Tallahassee, FL 32301	consulting	МО		\$3,500.00
1 10/14/2022 / / 2	Office Account, 102050 Overseas Highway Ste 234 Key Largo, FL 33037	transfer to office account	МО		\$3,070.59
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