CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Holly Merrill Raschein	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	102411 Overseas Hwy	Submitted on:								
	Address (number and street)	4/24/2024 10:48:59 (eastern)								
	Key Largo, FL 33037 City, State, Zip Code									
	_	(2) ID Novelean 545								
	Check here if address has changed	(3) ID Number: 645								
(4)	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) 									
	(5) Report	Identifiers								
Cov	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2024}$ To	3 / 31 / 2024 Report Type: <u>Q1</u>								
	riginal 🖾 Amendment 🗌 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , 5000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , , 00	Total Monetary \$. 2 . 30								
In-Ki	ind \$,, <u>0</u> .00	Total Monetary \$, , 2 . 30								
		(8) Other Distributions \$, , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(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.) Candidate Chairperson (only for PC and PTY)									
_X		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Holly Merrill Raschein (2) I.D. Number 645									
	1/1/2024			/31/2024					
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	ge	of		
		T		T		T	T		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Type CH	Description	Amendment Add	Amount		
3/8/2024	Muir, Erin 154 Sterling Street	I		CH		Add	\$50.0		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ho	11y	Merr	i11	Rasc	hein		74.11	 (2) I.D. Nun	nber	(545	an an
		1/1/	20	24		3/31/	2024	• •				
(3) Cover Per	iod	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
3/8/2024	Anedot Inc, 1201 W Peachtree St NW Ste 2625. PMI Atlanta, GA 30309	credit card	МО	Add	\$2.30
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DS-DE 14 (Rev	4440.				