FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Rosemary J. Mastrocolo  Name	OFFICE USE ONLY 71						
(2) 10441 Casey Dr, New Port Richey, FL 3465 Address (number and street)							
City, State, Zip Code							
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):  ☐ Candidate (office sought): Mosquito Control, Seat 2 ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT	IDENTIFIERS						
Cover Period: From 9/16/2006 To	9/29/2006 / Report Type G2-06						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 262.13						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 262.13						
In-Kind \$							
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
(11) CERT							
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)  I certify that I have examined this report and it is true correct, and complete.  (Type name)							
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
Signature	Signature						

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	Rosemary J. Mastroc	olo		z) I.D. Numbe	er	1
	9/16/2006		9/29/2006			
(3) Cover Perio	od//	through	1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>
(S) 2	70			, , _	93 93 <u></u>	
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name	(0)	(0)	(10)	(1.1)	(1-)
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupa		Description	Amendment	Amount
Number	Oity, Gtate, Zip Gode	Туре Оссира	ation Type	Description		Amount
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1 1	-					
J I						
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _F	Rosemar	уJ.	Mastro	ocolo		74 110	 (2) I.D. Num	ber	7	71	arv .
	9	9/16/	2006		9/29/2	006		,, <u>, , , , , , , , , , , , , , , , , , </u>			
(3) Cover Po	eriod	1	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
9/20/2006	Post Office, 9602 U S 19 Port Richey, Fl 34668	postage	МО		\$117.00
9/20/2006	City o New Port Richey, 5919 Main St New Port Richey, Fl 34652	sign bond	МО		\$125.00
9/21/2006	Browning, Kurt P O Box 300 Dade City, Fl 33526	labels	МО		\$6.26
9/22/2006	Staples, 6239 Tacoma Drive Port Richey, Fl 34668	office supplies	МО		\$13.87
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