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	54					
Address (number and street)						
City, State, Zip Code	<u> </u>					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es): X Candidate (office sought): Mosquito Control, Seat 2 ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED						
 ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED 						
(5) REPORT	IDENTIFIERS					
Cover Period: From	11/2/2006 / Report Type G4-06					
☑ Original ☐ Amendment ☐ Special Election	Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$0.08	Monetary Expenditures \$ 0.00					
Loans \$	Transfers to Office Account \$ 0.00					
Total Monetary \$	Total Monetary \$ 0.00					
In-Kind \$						
	(8) Other Distributions \$0.00					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$					
(11) CERT						
	on 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. I certify that I have examined this report and it is true, correct, and complete.						
(Type name)	(Type name)					
Individual (only for Treasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
<u>X</u>	X					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Rosemary J. Mastrocolo (2) I.D. Number 71								
	10/14/2006		11/2/20					
(3) Cover Per	iod / /	thro	ough	<i>I I</i>	(4) Pag	je	of	
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(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)				Proceedings of the Control of the Co			
Sequence	Street Address &	Contributor		Contribution	In-kind	Amendment	Amount	
Number	City, State, Zip Code World Savings,	Type I	Occupation bank	Type IN	Description	Amendment	\$0.00	
10/25/2006	7001 Ridge Road	_		111			¥0.0	
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(3) Cover Period 10/14/2006 through 11/2/2006 (4) Page 1 of 0 (5) Date (6) Sequence Number City, State, Zip Code (11) Contribution to a candidate) Expenditure Type Amendment Amount	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Rosemary J. Mastrocolo (2) I.D. Number 71								
(5) Date (6) Sequence Number (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zlp Code (8) Purpose (add office sought if contribution to a candidate) (9) (10) (11) Expenditure Type Amendment Amount		10/14/2006	11/	2/2006			0		
Date (6) Sequence Number Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code City, State, Zip Code Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code City, State, Zip Code Expenditure Type Amendment Amount									
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