

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **HENRY ROSENTHAL**

Name

(2) **PO BOX 1**

Address (number and street)

ISLAMORADA, FL 33036

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

2022-10-13 P02:05

(4) Check appropriate box(es):

☒ Candidate Office Sought: _____

☐ 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

(5) Report Identifiers

Cover Period: From 10 / 1 / 22 To 10 / 7 / 22 Report Type: G1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 200.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 200.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 570.10

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 570.10

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, 9, 845.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 5, 585.89

(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) **THOMAS R McDONALD**

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

x Thomas R McDonald
Signature

(Type name) **HENRY ROSENTHAL**

☐ Candidate ☐ Chairperson (only for PC and PTY)

x Henry Rosenthal
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name HENRY ROSENTHAL

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 22 through 10 / 7 / 22 (4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BENNY ROSENTHAL

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 22 through 10 / 7 / 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10 / 5 / 22	STRIPE 14106 SW 208 ST HOMESTEAD, FL 33032	STRIPE TRANSFER FEE	MON		10.10
1					
10 / 5 / 22	KEY WEST CITIZEN 200 E VENICE AVE VENICE, FL 34295	PRINT AD	MON		560.00
2					
//					
//					
//					
//					
//					
//					