## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) QUINN, EILEEN (2) EILEEN QUINN Candidate, Committee or Party Name 33040 (3) 926 1/2 VIRGINIA ST KEY WEST Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): \_\_\_\_\_\_SCHOOL BOARD MEMBER DIST. 1 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 1/1/2002 To 3/31/2002 Cover Period: Report Type: Q1 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 0.00 250.00 Loans Account 250.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 24.10 250.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	NameQUINN, EILEEN				(2) I.D. Number EILEEN QUINN					
(3) Cover Period $\frac{1/1/2002}{}$ through		3/31/2002		(4)	Page	of	1			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	Coi	(8)	(9)	(10)	(11)	(12)			
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount			
1/3/2002	QUINN EILEEN M 926 1/2 VIRGINIA ST KEY WEST, FL 33040	I	SCHOOL BD. MEMBER	LOA	·		250.00			
1										
DS-DE 13 (7/98	SEE REVERSE F	OR IN	I ISTRUCTIO	NS AND CO	DE VALUES					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	QUINN	I, EILEEN		(2) I.D. Nui	mber _	EILEEN	QUINN		
(3) Cover Period	1/1/2002	through	3/31/2002	(4) Page	1	of	1		

(7)	(8)	(9)	(10)	(11)
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
U.S. POST OFFICE 400 WHITEHEAD ST. KEY WEST, FL 33040	POSTAGE	MON		18.20
EILEEN QUINN 926 1/2 VIRGINIA ST. KEY WEST, FL 33040	STATIONERY	MON		5.90
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	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  U.S. POST OFFICE 400 WHITEHEAD ST. KEY WEST, FL 33040  EILEEN QUINN 926 1/2 VIRGINIA ST.	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  U.S. POST OFFICE 400 WHITEHEAD ST. KEY WEST, FL 33040  EILEEN QUINN 926 1/2 VIRGINIA ST.	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  U.S. POST OFFICE 400 WHITEHEAD ST. KEY WEST, FL 33040  EILEEN QUINN 926 1/2 VIRGINIA ST.	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  U.S. POST OFFICE 400 WHITEHEAD ST. KEY WEST, FL 33040  EILEEN QUINN 926 1/2 VIRGINIA ST.