FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) COHAN, ANNE KELLY (2) ANNE KELLY COHAN Candidate, Committee or Party Name 33036 (3) 109 SEASHORE DR ISLAMORADA 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. 4 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 1/1/2002To 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 250.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 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 56.53 250.00 \$ (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	COHAN,	ANNE KEI	LLY		(2)	I.D. Numb	er ANNE K	ELLY C
(3) Cover Peri	od	through _.	3/	31/2002	(4)	Page	1 of _	1
(5) Date	(7) Full Name			(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First	, Middle)	Coi	ntributor				
Sequence Number	Street Addres City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	COHAN ANNE KELLY 109 SEASHORE DR		I	PHOTOG APHER	CHE			250.00
2/27/2002	ISLAMORADA, FL 330	136						
1								
DS-DE 13 (7/98	SEI	E REVERSE F	OR IN	I ISTRUCTIO	NS AND CO	DE VALUES		<u> </u>

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	COHAN, ANNE KELLY			(2) I.D. Nur	nber	E KELLY	Y COHAN	NAHC	
(3) Cover Period	1/1/2002	through	3/31/2002	(4) Page	1	of	1		

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(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
3/1/2002	THE PRINT SHOP 82905 OVERSEAS HWY ISLAMORADA, FL 33036	RUBBERSTAMP	MON		16.13
3					
3/26/2002	U.S. POST OFFICE 82801 OVERSEAS HWY ISLAMORADA, FL 33036	STAMPS	MON		40.40
4					
DS-DE 14 (7/98	A SEE DEVEDSE EAD	INSTRUCTIONS AND C	ONE VALUES		

DS-DE 14 (7/98)