FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) DANNY KOLHAGE (2) DANNY KOLHAGE Candidate, Committee or Party Name (3) 500 WHITEHEAD ST 33040 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): _____ CLERK OF THE COURTS Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 4/1/2004To 6/30/2004 Cover Period: Report Type: Q2 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 200.00 0.00 Loans Account 200.00 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 55.40 200.00 \$ (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	DANNY	KOLHAGI	3		(2)	I.D. Numb	er DANNY	KOLHAG
(3) Cover Peri	od4/1/2004	_ through .	6/	30/2004	(4)	Page	of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First,	Middle)	Cor	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
4/7/2004	KOLHAGE DANNY 1204 20TH TERRACE KEY WEST, FL 33040		I	CLERK CIRCUIT CT	LOA			200.00
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								,
DS-DE 13 (7/98	SEE	REVERSE I	OR IN	<u> </u> STRUCTIO	l NS AND CO	DE VALUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	DANNY KOLHAGE			(2) I.D. Number DANNY KOLHAGE				
(3) Cover Period	4/1/2004	through	6/30/2004	(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
4/7/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101 KEY WEST, FL 33040	CERTIFICATION OF PETITON CARDS	MON		55.40
DS-DE 14 (7/98	SEE REVERSE FOR 1	 NSTRUCTIONS AND C	ODE VALUES		