

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) ALAN B. COOLIDGE (2) _____
Candidate, Committee or Party Name I.D. Number

(3) PO Box 116 LAKE HURON FL 32744
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): VOLUSIA SOILS & WATER

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

RECEIVED
 JUN 23 PM 3:32
 SUPERVISOR OF ELECTIONS
 VOLUSIA COUNTY, FL.

(5) REPORT IDENTIFIERS

Cover Period: From 08/01/02 To 09/02/02 Report Type F.L.

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50. , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 50. , _____ , _____ . _____

In-kind \$ _____ , _____ , _____ . _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 25. , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 25. , _____ , _____ . _____

(8) Other Distributions \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions to Date

\$ 50. , _____ , _____ . _____

(10) TOTAL Monetary Expenditures to Date

\$ 25. , _____ , _____ . _____

(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

Name of Treasurer Deputy Treasurer

X Alan B. Coolidge
Signature

I certify that I have examined this report and it is true, correct and complete

Name of Candidate Chairman (PC/PTY Only)

X Alan B. Coolidge
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ALAN B. COOKE

(2) I.D. Number _____

(3) Cover Period 08/01/02 through 09/01/02

(4) Page _____ of _____

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
8/23/02		ALAN B COOKE P.O. Box 116 LAKE HAVEN FL.	I		CASH			\$50.
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ALAN B. COOKE (2) I.D. Number _____
 (3) Cover Period 08, 01, 02 through 09, 02, 02 (4) Page _____ of _____

(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					
08302	VOLUSIA COUNTY 136 NORTH FL. BLVD DUNEDIN FL 32720	Qualifying FEE	MON		\$25
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