

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Don S. Cohn

3. Address (include post office box or street, city, state, zip code)

3100 Ponce De Leon Boulevard
Coral Gables, Florida 33134

4. Telephone
(305) 569-2506

5. E-mail address
dcohn@jud11.flcourts.org

6. Office sought (include district, circuit, group number)
County Court Judge - Group 40

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Hector Lombana

11. Mailing Address
2701 Ponce De Leon Boulevard- Mezzanine

12. Telephone
(305) 448-4010

13. City
Coral Gables

14. County
Dade

15. State
Florida

16. Zip Code
33156

17. E-mail address
info@gambalombana.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Sabadell United Bank

20. Address
9100 South Dadeland Boulevard #107

21. City
Miami

22. County
Dade

23. State
Florida

24. Zip Code
33156

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
4/9/12

26. Signature of Candidate

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Hector J. Lombana, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/10/2012
Date

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) Don S. Cohn		3. Address (include post office box or street, city, state, zip code) 3100 Ponce De Leon Boulevard Coral Gables, Florida 33134	
4. Telephone (305) 569-2506	5. E-mail address dcohn@jud11.flcourts.org		

6. Office sought (include district, circuit, group number) County Court Judge - Group 40	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
---	--

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Beth Abramson

11. Mailing Address 2451 N.E. 196th Street	12. Telephone (305) 935-4880
---	-----------------------------------

13. City Miami	14. County Dade	15. State Florida	16. Zip Code 33180	17. E-mail address auntiebeth@bellsouth.net
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank Sabadell United Bank	20. Address 9100 South Dadeland Boulevard #107
--	---

21. City Miami	22. County Dade	23. State Florida	24. Zip Code 33156
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date 4/9/12	26. Signature of Candidate <input checked="" type="checkbox"/>
--------------------	---

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Beth Abramson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

<u>4/9/12</u> Date	<input checked="" type="checkbox"/> <u>Beth Abramson</u> Signature of Campaign Treasurer or Deputy Treasurer
-----------------------	---

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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2012 APR 10 PM 12:22

DADE COUNTY
ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Don S. Cohn

3. Address (include post office box or street, city, state, zip code)

3100 Ponce De Leon Boulevard
Coral Gables, Florida 33134

4. Telephone

(305) 569-2506

5. E-mail address

dcohn@jud11.flcourts.org

6. Office sought (include district, circuit, group number)

County Court Judge - Group 40

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Don S. Cohn

11. Mailing Address

3100 Ponce De Leon Boulevard

12. Telephone

(305) 569-2508

13. City

Coral Gables

14. County

Dade

15. State

Florida

16. Zip Code

33134

17. E-mail address

dcohn@jud11.flcourts.org

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Sabadell United Bank

20. Address

9100 South Dadeland Boulevard #107

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

33156

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4/9/12

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Don S. Cohn, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/9/12
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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2012 APR 10 PM 12: 22

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Don S. Cohn

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of County Court Judge, -, 11th,
(office) (district #) (circuit #)

40; my legal residence is Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X

[Handwritten Signature]
Signature of Candidate

(305) 569-2506
Telephone Number

dcohn@jud11fcourts.org
Email Address

3100 Ponce De Leon Blvd. Coral Gables Florida 33134
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 00730455

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Don S. Cohn

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

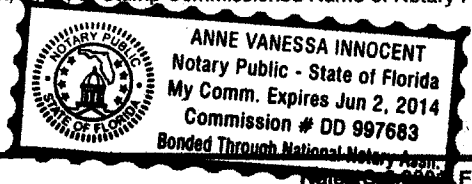
Sworn to (or affirmed) and subscribed before me this 10th day of April, 2012.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: Florida Driver's License

[Handwritten Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
Cohn Don Stephen

FOR OFFICE USE ONLY:

2012 APR 10 PM 12:20

MAILING ADDRESS:
Coral Gables Courthouse

DADE COUNTY ELECTIONS DEPARTMENT

3100 Ponce de Leon Blvd.

CITY: Coral Gables ZIP: 33134 COUNTY: Dade

NAME OF AGENCY :
11th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Court Judge

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April, 20 12 was \$ 727,694.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000-Furniture

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Home- [REDACTED]	\$299,582.00
Legal Description - 4 52 42 Enchanted Lake Sec 6 PB 72-32 Lot 31 & Prop Int in to Center	
Commercial Property - 1504 N.W. 14th Street Miami Fl 33125	\$328,112.00
Folio # 01-3135-011-0330 - Legal Description - St. Park, Lot 53 Plat Book 5 Page 19	
Suntrust Bank-Checking Acct: [REDACTED]	\$75,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

RECEIVED

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.

[If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

APR 10 PM 12:20

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
	DADE COUNTY ELECTIONS DEPARTMENT	

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

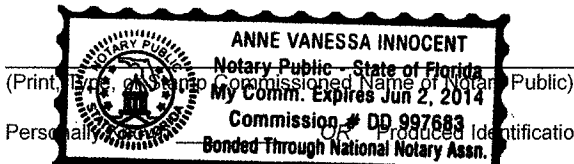
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10th day of

April, 20 12 by ANNE VANESSA INNOCENT.

[Handwritten Signature]
(Signature of Notary Public--State of Florida)



Type of Identification Produced Florida Driver's License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

Form **1040** U.S. Individual Income Tax Return ⁽⁹⁹⁾ **2011**

OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning 2011, ending , 20 **See separate instructions.**

Your first name and initial **DON S.** Last name **COHN** Your social security number

If a joint return, spouse's first name and initial **BETH A.** Last name **ABRAMSON** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/county Foreign postal code You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **2**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b **2** c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit lived with you did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above **2**

d Total number of exemptions claimed **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 129,935. 8a Taxable interest. Attach Schedule B if required **8a** 336. b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **9a** b Qualified dividends **9b** 10 Taxable refunds, credits, or offsets of state and local income taxes **10** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** 14 Other gains or (losses). Attach Form 4797 **14** 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** -9,865. 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **21** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** 120,406.

Adjusted Gross Income 23 Educator expenses **23** 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** 25 Health savings account deduction. Attach Form 8889 **25** 26 Moving expenses. Attach Form 3903 **26** 27 Deductible part of self-employment tax. Attach Schedule SE **27** 28 Self-employed SEP, SIMPLE, and qualified plans **28** 29 Self-employed health insurance deduction **29** 30 Penalty on early withdrawal of savings **30** 31a Alimony paid b Recipient's SSN **31a** 32 IRA deduction **32** 33 Student loan interest deduction **33** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35 **36** 37 Subtract line 36 from line 22. This is your adjusted gross income **37** 120,406.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	120,406.
	39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ... 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,600.
	41 Subtract line 40 from line 38	41	108,806.
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	101,406.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	17,602.
	45 Alternative minimum tax. Attach Form 6251	45	
	46 Add lines 44 and 45	46	17,602.
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 23	49	
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions)	51	
	52 Residential energy credits. Attach Form 5695	52	
	53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54 Add lines 47 through 53. These are your total credits	54	
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	17,602.
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55 through 60. This is your total tax	61	17,602.
Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	21,886.
	63 2011 estimated tax payments and amount applied from 2010 return	63	
	64a Earned income credit (EIC)	64a	
	b Nontaxable combat pay election	64b	
	65 Additional child tax credit. Attach Form 8812	65	
	66 American opportunity credit from Form 8863, line 14	66	
	67 First-time homebuyer credit from Form 5405, line 10	67	
	68 Amount paid with request for extension to file	68	
	69 Excess social security and tier 1 RRTA tax withheld	69	
	70 Credit for federal tax on fuels. Attach Form 4136	70	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	21,886.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4,284.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	4,284.
	b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/>		
	75 Amount of line 73 you want applied to your 2012 estimated tax	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77 Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **RONALD SCHNEIDER** Phone no. **(212) 840-6444** Personal identification number (PIN) **57601**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: _____ Date: _____ Your occupation: **COUNTY COURT JUDGE** Daytime phone number: _____

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **HOUSEWIFE** If the IRS sent you an Identity Protection PIN, enter it here: _____

Paid Preparer Use Only

Print/Type preparer's name: **RONALD SCHNEIDER** Preparer's signature: _____ Date: **03/03/12** Check if self-employed PTIN: **P00357601**

Firm's name: **LIPSKY GOODKIN & CO P.C.** Firm's EIN: **13 2672154** Phone no.: **(212) 840-6444**

Firm's address: **120 WEST 45TH STREET 7TH FL NEW YORK, NY 10036**

STATEMENT 2
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 2012 APR 10 PM 12:20
 ELECTIONS DEPARTMENT

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **See instructions.**

OMB No. 1545-0074

2011
Attachment
Sequence No. **08**

Your social security number

DON S. COHN & BETH A. ABRAMSON

**Part I
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

SUNTRUST

UBS FINANCIAL SERVICES INC

Amount

37.

299.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2** 336.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ **4** 336.

Note. If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary
Dividends**

5 List name of payer ▶

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶ **6**

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and
Trusts**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **Yes** **No**
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements **X**

b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **Yes** **No**
X

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 2012 APR 10 PM 12:21
 ELECTIONS DEPARTMENT

127501
11-02-11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 1040A or 1040) 2011

Interest and Dividend Summary

Name: DON S. COHN & BETH A. ABRAMSON

FEIN/SSN:

Payer	Interest	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions
SUNTRUST	37.			
UBS FINANCIAL SERVICES				
INC	299.			
TOTALS:		336.		

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 MISSOURI COUNTY
 ELECTIONS DEPARTMENT

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

DON S. COHN & BETH A. ABRAMSON

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

B If "Yes," did you or will you file all required Forms 1099?

Yes No

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property-street, city, state, ZIP	Type-from list below	2	Fair Rental Days	Personal Use Days	QJV
A	1504 NW 14 STREET, MIAMI, FL	1	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	A 365		
B				B		
C				C		

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
3b	Payments not reported to you on line 3a			
4	Total not including amounts on line 3a that are not income (see instructions)			

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	7,165.		
17	Utilities	17	2,050.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶ STMT 3	19	3,000.		
20	Total expenses. Add lines 5 through 19	20	12,215.		
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	-12,215.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	9,865.)		

23a	Total of all amounts reported on line 3a for all rental properties	23a			
23b	Total of all amounts reported on line 3a for all royalty properties	23b			
23c	Total of all amounts reported on line 4 for all rental properties	23c			
23d	Total of all amounts reported on line 4 for all royalty properties	23d			
23e	Total of all amounts reported on line 12 for all properties	23e			
23f	Total of all amounts reported on line 18 for all properties	23f			
23g	Total of all amounts reported on line 20 for all properties	23g	12,215.		

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	0.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	9,865.)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-9,865.

2011 DEPRECIATION AND AMORTIZATION REPORT
 OFFICE BUILDING - 1504 NW 14 STREET, M

SCHEDULE E-1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDING	040684SL		18.00	16	78,000.			78,000.	78,000.		0.
	TOTAL SCH E DEPRECIATION					78,000.			78,000.	78,000.		0.

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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

DON S. COHN & BETH A. ABRAMSON

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Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-12,215.
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-16,181.
d Combine lines 1a, 1b, and 1c	1d	-28,396.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	
c Add lines 2a and 2b	2c	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	
d Combine lines 3a, 3b, and 3c	3d	

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-28,396.
--	----------	----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	28,396.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	130,271.
8 Subtract line 7 from line 6	8	19,729.
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	9,865.
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	9,865.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	9,865.

SEE STATEMENT 8

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-12,215.	-16,181.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
	SEE ATTACHED STATEMENT FOR WORKSHEET 4				
Total		28,396.	1.0000000	9,865.	18,531.

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total		18,531.	1.000000000	18,531.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		28,396.	18,531.	9,865.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

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Passive Activity Loss Limitations

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2011
Attachment
Sequence No. **88**

Name(s) shown on return

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Identifying number

DON S. COHN & BETH A. ABRAMSON

Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. 2012 APR 10 PM 12:21

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	-12,215.	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	-16,181.	
1d	Combine lines 1a, 1b, and 1c		-28,396.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		-28,396.
---	---	--	----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		28,396.
6	Enter \$150,000. If married filing separately, see instructions	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	130,271.	
8	Subtract line 7 from line 6	19,729.	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		9,865.
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.		9,865.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	SEE STATEMENT 14	9,865.

ALTERNATIVE MINIMUM TAX

Form 8582 (2011) **DON S. COHN & BETH A. ABRAMSON**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-12,215.	-16,181.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SEE ATTACHED STATEMENT FOR WORKSHEET 4					
Total		28,396.	1.0000000	9,865.	18,531.

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		18,531.	1.000000000	18,531.

ALTERNATIVE MINIMUM TAX

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		28,396.	18,531.	9,865.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

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FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T STATE OF FLORIDA	129,935.	21,834.			4,486.	1,913.
TOTALS	129,935.	21,834.			4,486.	1,913.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 2

T S DESCRIPTION	AMOUNT
T STATE OF FLORIDA	21,834.
J UBS FINANCIAL SERVICES INC	52.
TOTAL TO FORM 1040, LINE 62	21,886.

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SCHEDULE E OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	
MAINTANCE	3,000.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	3,000.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 4

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	UNALLOWED LOSS	GAIN	LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	0.	-12,215.	-16,181.		-28,396.
TOTALS	0.	-12,215.	-16,181.		-28,396.

FORM 8582 LOSSES FROM ACTIVE RENTAL OF REAL ESTATE-WORKSHEET 4 STATEMENT 5

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	28,396.	1.000000000	9,865.	18,531.
TOTALS		28,396.	1.000000000	9,865.	18,531.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 6

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	18,531.	1.000000000	18,531.
TOTALS		18,531.	1.000000000	18,531.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 7

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	28,396.	18,531.	9,865.
TOTALS		28,396.	18,531.	9,865.

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INCOME

WAGES, SALARIES, TIPS ETC. 129,935.
 DIVIDEND INCOME
 TAXABLE REFUNDS
 ALIMONY RECEIVED
 TAXABLE IRA DISTRIBUTIONS
 TAXABLE PENSIONS AND ANNUITIES
 UNEMPLOYMENT COMPENSATION
 OTHER INCOME

INTEREST INCOME 336.
 ADD: SERIES EE AND I EXCLUSION

336.

BUSINESS INCOME OR LOSS
 ADD: PASSIVE LOSSES
 SUBTRACT: PASSIVE INCOME

SALE OF ASSETS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

FARM OR FARM RENTAL INCOME OR LOSS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

TOTAL INCOME 130,271.

ADJUSTMENTS

MOVING EXPENSES
 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION
 PENALTY ON EARLY WITHDRAWAL OF SAVINGS
 ALIMONY PAID
 KEOGH/SEP DEDUCTION
 OTHER ADJUSTMENTS

TOTAL ADJUSTMENTS

TOTAL TO FORM 8582, LINE 7 130,271.

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0.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 10

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	0.	-12,215.	-16,181.		-28,396.
TOTALS	0.	-12,215.	-16,181.		-28,396.

FORM 8582

ALTERNATIVE MINIMUM TAX
LOSSES FROM ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 4

STATEMENT 11

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	28,396.	1.000000000	9,865.	18,531.
TOTALS		28,396.	1.000000000	9,865.	18,531.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 12

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	18,531.	1.000000000	18,531.
TOTALS		18,531.	1.000000000	18,531.

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FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 13

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
OFFICE BUILDING - 1504 NW 14 STREET, MIAMI, FL	SCH E	28,396.	18,531.	9,865.
TOTALS		28,396.	18,531.	9,865.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 14

A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X OFFICE BUILDING -SCH E 1504 NW 14 STREET, MIAMI, FL		-12,215.	-16,181.	-28,396.	18,531.	9,865.
TOTALS		-12,215.	-16,181.	-28,396.	18,531.	9,865.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

9,865.

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741121

RECEIVED FROM Don S. Cohn

DATE 4 / 10 / 12
MONTH DAY YEAR

ADDRESS 3100 Ponce De Leon
STREET ADDRESS
Coral Gables FL 33134
CITY STATE ZIP

CASH \$ _____
 CHECKS \$ 5,371 . 20

AMOUNT OF: Five Thousand Three Hundred Seventy DOLLARS, AND Twenty CENTS TOTAL \$ 5,371 . 20

FOR PAYMENT OF: Qualifying Fee - Judge Group 40

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: A. Vanessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1004

THE CAMPAIGN ACCOUNT OF JUDGE DON S COHN

63-964-670

DATE 4/9/12

PAY TO THE ORDER OF Board of County Commissioners \$ 5,371.20

Five thousand three hundred & seventy one dollars & twenty cents DOLLARS

Sabadell United Bank

FOR Qualifying fee - Don S. Cohn - Grp 40

Security Features Included. Details on Back.