

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jennifer Coen  
 Name

(2) 2847 W. New York Avenue  
 Address (number and street)

DeLand, FL 32720  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1235840]

Submitted on:  
 10/23/2020 09:57:53 (eastern)

Check here if address has changed

(3) ID Number: 638

(4) Check appropriate box(es):

- Candidate Office Sought: West Volusia Hospital Authority - Group B, Seat 1
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: G5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 150 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 150 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 264 . 96

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 264 . 96

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 6 , 969 . 97

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 5 , 133 . 40

### (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:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jennifer Coen (2) I.D. Number 638

10/3/2020 through 10/16/2020

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type    Occupation |                  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------------|--|--|------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 10/3/2020<br>/ /  | Ary, Sherry<br>1585 Maxwell Lane<br>Deltona, FL 32728  | I  | self<br>employed | CH                          |                                |                   | \$100.00       |
| 1                 |  |  |                  |                             |                                |                   |                |
| 10/13/2020<br>/ / | Usher, Erica<br>***Protected Voter***  | I  | not<br>employed  | CH                          |                                |                   | \$50.00        |
| 2                 |  |  |                  |                             |                                |                   |                |
| / /               |  |  |                  |                             |                                |                   |                |
| / /               |  |  |                  |                             |                                |                   |                |
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| / /               |  |  |                  |                             |                                |                   |                |
| / /               |  |  |                  |                             |                                |                   |                |
| / /               |  |  |                  |                             |                                |                   |                |
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| / /               |  |  |                  |                             |                                |                   |                |
| / /               |  |  |                  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jennifer Coen

(2) I.D. Number 638

(3) Cover Period 10/3/2020 through 10/16/2020

(4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 10/5/2020<br>/ /  | Jackson, Pamela<br>610 Harrison Place Dr<br>Deland, FL 32724                                   | labor  | MO                         |                   | \$30.00        |
| 1                 |  |  |                            |                   |                |
| 10/5/2020<br>/ /  | Wright, Takayla<br>501 S Thompson Ave<br>Deland, FL 32720                                      | labor  | MO                         |                   | \$20.00        |
| 2                 |  |  |                            |                   |                |
| 10/9/2020<br>/ /  | World Pay,<br>8500 Governors Hill Dr<br>Symmes Township, OH 45249                              | credit<br>card fees  | MO                         |                   | \$17.30        |
| 3                 |  |  |                            |                   |                |
| 10/13/2020<br>/ / | Kenetic Data,<br>P.O. Box 955<br>Deland, FL 32721  | professional<br>svcs   | MO                         |                   | \$90.00        |
| 4                 |  |  |                            |                   |                |
| 10/13/2020<br>/ / | Vistaprint,<br>275 Wyman Street<br>Waltham, MA 02451   | printing   | MO                         |                   | \$107.66       |
| 5                 |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |