

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karen Castor Dentel
 Name
 (2) PO Box 941024
 Address (number and street)
Maitland, FL 32794
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1302947]

Submitted on:
 1/11/2024 22:32:41 (eastern)

Check here if address has changed (3) ID Number: 1164

(4) Check appropriate box(es):

Candidate Office Sought: Supervisor of Elections

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 53 , 668 . 87

(10) TOTAL Monetary Expenditures To Date
 \$, 16 , 238 . 08

(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 Karen Castor Dentel (2) I.D. Number 1164

10/1/2023 through 12/31/2023

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen Castor Dentel

(2) I.D. Number 1164

(3) Cover Period 10/1/2023 through 12/31/2023

(4) Page 1 of 1

(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					
10/4/2023 //	Ayala, Eddie 4823 Staghorn Ct. Winter Springs, FL 32708	adobe reimbursement	MO	Delete	\$254.90
1					
10/4/2023 //	Ayala, Eddie 4823 Staghorn Ct. Winter Springs, FL 32708	adobe software	RM	Add	\$254.90
2					
//					
//					
//					
//					
//					