

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karen Castor Dentel  
 Name  
 (2) 2540 McIntosh Way  
 Address (number and street)  
Maitland, FL 32751  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1232807]  
 Submitted on:  
 10/2/2020 12:02:39 (eastern)

Check here if address has changed

(3) ID Number: 172

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Dist. 6
- 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 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 25 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 25 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 25 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 25 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 33 , 574 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 28 , 555 . 45

### (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 172  
 (3) Cover Period 1/1/2020 through 1/31/2020 (4) Page 1 of 1

(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
1/15/2020 / /	Castor Dentel, Karen 2450 McIntosh Way Maitland, FL 32751	S	lected official	CH		Add	\$25.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Karen Castor Dentel

(2) I.D. Number 172

(3) Cover Period 1/1/2020 through 1/31/2020

(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					
1/30/2020 / /	Castor Dentel, Karen 2450 McIntosh Way Maitland, FL 32751	refund overpayment	RE	Add	\$25.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					