

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Heather O'Brien  
 Name

(2) P.O. Box 452715  
 Address (number and street)  
Kissimmee, FL 34745  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1155142]

Submitted on:  
 5/15/2018 12:29:32 (eastern)

Check here if address has changed (3) ID Number: 284

(4) Check appropriate box(es):

Candidate Office Sought: Osceola County Judge Group 2

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 4 / 30 / 2018 To 8 / 2 / 2018 Report Type: TR

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 \$        , 99 , 985 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 99 , 985 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 100 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 100 , 000 . 00

### (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 Heather O'Brien (2) I.D. Number 284

4/30/2018 through 8/2/2018

(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 Heather O'Brien

(2) I.D. Number 284

(3) Cover Period 4/30/2018 through 8/2/2018

(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					
5/1/2018 / /	CenterState Bank, 1101 First St. S. Winter Haven, FL 33880	paper bank statement fee	MO		\$2.00
1					
5/14/2018 / /	CenterState Bank, 1101 First St. S. Winter Haven, FL 33880	service charge for wire	MO		\$25.00
2					
5/14/2018 / /	O'Brien, Heather K PO Box 452715 Kissimmee, FL 34745	reimbursement of funds from candidate to self	RM		\$99,958.00
3					
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