	CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Karen Heriot	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	1006 Corbin Ct.	Submitted on:									
	Address (number and street) Oviedo, Fl 32765	4/11/2024 23:35:52 (eastern)									
	City, State, Zip Code										
	☐ Check here if address has changed	(3) ID Number: 692									
(4)	Check appropriate box(es):										
	(5) Report	Identifiers									
Cove	er Period: From 1 / 1 / 2024 To										
X O	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Casl	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary									
Loar		Transfers to Office Account \$, , , 0 . 00									
Tota	I Monetary \$, 3 , 00	Total Monetary \$. 36 . 51									
In-Ki	ind \$,, <u>0</u> .00	Total Monetary \$, , <u>36</u> . <u>51</u>									
		(8) Other Distributions \$, , 000_									
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$, , 3651									
(T)	(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										
Si	gnature	X Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	aren Heriot				692				
	1/1/2024			3/31/	2024				
(3) Cover Period	d /	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
3/15/2024 /	Heriot, Karen Heriot 1006 Corbin Ct Oviedo, Fl 32765	İ	teacher	СН			\$100.0
3/21/2024	Heriot, Karen Heriot 1006 Corbin Ct Oviedo, Fl 32765	S	teacher	LO			\$1,000.0
3/27/2024	Heriot, Karen Heriot 1006 Corbin Ct Oviedo, Fl 32765	S	teacher	LO			\$2,000.0
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1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _K	Karen Heriot							 (2) I.D. Number			1	692				
		1/1/2	202	24			3/31/	/202	4	•			32-			
(3) Cover Pe	eriod	I		1	thro	ugh	1		1	(4) Page	1		of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/11/2024	Harland Clarke, 8010 Sunport Dr Unit 103 Orlando, FL 32803	checks	МО		\$36.51
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