CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Heather Post	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1264757]							
(2) *Address Protected*	Submitted on:							
Address (number and street)	6/20/2022 15:45:31 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 801							
(4) Check appropriate box(es):								
Candidate Office Sought: County Counc	il At Large							
Political Committee (PC)								
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
	rt Identifiers							
Cover Period: From $1 / 1 / 2022$ To								
☑ Original ☐ Amendment ☐ Spectrum	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
*	Monetary							
Cash & Checks \$,, 0.00	Expenditures \$,,,							
Loans \$,, 0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0 . 00								
	Total Monetary \$,,,0 . 00							
In-Kind \$,, 000								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>395</u> . <u>00</u>	\$,, <u>395</u> .00							
	rtification rson to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, co								
(Type name)								
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Heather Post	<u>(2)</u> I.D. Number 801					01
	1/1/2022	6/20/2022					
(3) Cover Perio	/ bo	thre	ough	11_	(4) Pag	e	of _0
1	1			l.			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		_
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
			-				
1 1	-						
1 1	-						
		2	-		-		
1 1	_						
1 1	-						
1 1	-						
		6					
1 1	-						
			0				
1 1	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Heat	her Post		RT – ITEMIZED EXPENDITURES (2) I.D. Number		
(3) Cover Period	1/1/2022 I/_/through_	6/20/2022	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	Pace Center for Girls, 208 Central Avenue Ormond Beach, FL 32174	disposition of funds	DI		\$395.00
_/ /					
_/ /					
11					
_/ /					
_/ /					
//					
11					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES