CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Lisandra Romã;n	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	711 S Emory Avenue	Submitted on:						
	Address (number and street)	6/8/2023 11:33:03 (eastern)						
	Kissimmee, FL 34741							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:589						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Kissimmee Cit	y Commission Seat 1						
	☐ 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	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 5 / 1 / 2023 To	5 / 31 / 2023 Report Type: M5						
<mark></mark> O		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Contributions Time Report	Monetary						
Cast	n & Checks \$, , 500 . 00	Expenditures \$, , 13 . 00						
O uo.	,, ,, ,							
Loar	ns \$,,,000	Transfers to						
		Office Account \$, , 0 . 00						
Tota	I Monetary \$, , <u>500</u> . <u>00</u>							
		Total Monetary \$, , _13 . 00						
In-Ki	nd \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
. ,	\$ 1,000.00	\$, , 13.00						
		tification						
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:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lisandra RomÃ;n		((2) I.D. Number			
	5/1/2023			/31/2023			
(3) Cover Peri	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
5/19/2023 / /	3 Sisters Speak Ez Llc, 226 Broaadway Ave	В	restaurant	t CH			\$500.0
1	Kissimmee, Fl 34741						
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1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name_	Lisandra	RomÂ	Ă;n				 (2) I.D. Num	ber	5	589	an an
	5	/1/20	23		5/31/2	023					
(3) Cover P	eriod	1	1	through	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
5/31/2023	TD Bank , 120 S John Young Pkwy Kissimmee , Fl 34741	maintenance fee	MO		\$10.00
5/31/2023	TD Bank, 120 S John Young Pkwy Kissimmee, Fl 34741	paper statement fee	MO		\$3.00
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DS-DE 14 (Rev.	44/40 1				