CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Lisa Rodriguez Name	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	2201 SW 28th St #16	[1240909]								
	Address (number and street)	Submitted on: 12/30/2020 00:00:10 (eastern)								
	Okeechobee, FL 34974									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:157								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Supervisor of Elections</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
		6 / 12 / 2020 Report Type: P-1								
0	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , 0 . 00	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , ,000	T. IM.								
In-Ki	and \$,,	Total Monetary \$ , , 0 . 10								
		(8) Other Distributions \$ , , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(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 or electioneering comm.)   Deputy Treasurer   Candidate   Chairperson (only for PC and PTY)									
X		X Signature								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Lisa Rodriguez		(2) I.D. Number							
	6/1/2020		6	/12/2020						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e $\frac{1}{}$	of			
				r	Г					
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name (Last, Suffix, First, Middle)									
(6) Sequence	Street Address &	C	ontributor	Contribution	In-kind					
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount			
5 miles 1 happe (se 25 miles) (miles 400 miles)	The D		900-001 (0000 toloco) <b>1</b> 0 (0000 toloco)	100 g 1 g 100 a	Secretaria de manda degla cosa y programa de mantena		900 - Novi 171 1760 y 27840 O.C. 17 800 OC			
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	isa I	Rodrigu	ez					~	(2) I.D. Nun	nber	1	157	
		6/1/2	020	)		6/12/2	2020						
(3) Cover Per	riod	I		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
6/8/2020	Custom Graphics & Signs, 315 SW Park St. Okeechobee, FL 34974	signs	MO	Delete	\$2,049.49
6/8/2020	Custom Graphics & Signs, 315 SW Park St. Okeechobee, FL 34974	signs	MO	Add	\$2,049.59
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