	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Susanne Marie Pena	OFFICE USE ONLY
(· /	Name	ONLINE SUBMISSION
(2)	6441 S Chickasaw Trail Suite 101	[1272649]
	Address (number and street)	Submitted on:
	Orlando, FL 32829	7/30/2022 14:20:35 (eastern)
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:1156
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: School Board	Dist. 3
	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)	Check here if no other in of no reports will be med
	• • • • • • • • • • • • • • • • • • • •	Identifiers
Cove	er Period: From $\frac{7}{2}$ / $\frac{2}{2}$ / $\frac{2022}{2}$ To	7 / 15 / 2022 Report Type: P3
0	original ⊠ Amendment ☐ Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to
		Office Account \$, , 0 . 00
Tota	ll Monetary \$, , 0 . <u>00</u>	
		Total Monetary \$, , 0 . 00
In-Ki	ind \$,, <u>0</u> . <u>00</u>	
		(8) Other Distributions
		\$,,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
(-)	\$, 11 , 400 . 00	\$, 9 ,55890_
	, <u>111</u> , <u>100</u> , <u>00</u>	, <u> </u>
		ification
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:
(T	ype name)	(Type name)
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer		☐ Candidate ☐ Chairperson (only for PC and PTY)
or	electioneering comm.)	
X		x
Si	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name		(2) I.D. Number				1156			
7/2/2022			7/15/2022						
(3) Cover Perio	nd /	1	through	7	1	(4) Page	1	of $\frac{1}{}$	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
7/7/2022	Pena, Jennifer M 11723 Citruswood Dr Orlando, FL 32832		physician	СН	î.	Add	\$1,000.00
1							
7/12/2022 / /	Franklin, Brenton Robert 11723 Citruswood Drive Orlando, FL 32832	I	physician	СН		Add	\$1,000.00
2							
7/7/2022	Pena, Jennifer M 11723 Citruswood Dr Orlando, FL 32832	I	physician	CA		Delete	\$1,000.00
7/7/2022	Pena, Jennifer M 11723 Citruswood Dr Orlando, FL 32832	I	physician	CA		Add	\$0.00
4							
7/12/2022 / / /	Franklin, Brenton Robert 11723 Citruswood Drive Orlando, FL 32832	I	physician	CA		Delete	\$1,000.00
7/12/2022 / /	Franklin, Brenton Robert 11723 Citruswood Drive Orlando, FL 32832	I	physician	CA		Add	\$0.00
J I							
1 1							
	(13.)				AND CODE VA		

Name Basam	ne Marie Pena 7/2/2022	7/15/2022	(2) I.D. Number				
Cover Period _	/through	<u> </u>	(4) Page1	of	0		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought contribution to a candidate)		(10)	(11)		
//							
//							
//							
//							
//							
//							