

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisandra RomÃ¡n
Name
(2) 711 S Emory Avenue
Address (number and street)
Kissimmee, FL 34741
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1299968]
Submitted on:
10/6/2023 18:34:31 (eastern)

Check here if address has changed

(3) ID Number: 589

(4) Check appropriate box(es):

- Candidate Office Sought: Kissimmee City 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
Loans \$, , 0 . 00
Total Monetary \$, , 0 . 00
In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 39 . 00
Transfers to Office Account \$, , 0 . 00
Total Monetary \$, , 39 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 65 . 00

(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.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lisandra Romã;n (2) I.D. Number 589

7/1/2023 9/30/2023

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisandra Román

(2) I.D. Number 589

(3) Cover Period 7/1/2023 through 9/30/2023

(4) Page 1 of 1

(5) Date	(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
7/31/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	paper statement fee/maintenance fee	MO		\$13.00
1					
8/31/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	maintenance fee/paper statement fee	MO		\$13.00
2					
9/29/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	paper statement fee/maintenance fee	MO		\$13.00
3					
/ /					
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