

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
 [1302351]

Submitted on:
 1/9/2024 17:09:53 (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 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

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

\$, , 104 . 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

10/1/2023 through 12/31/2023

(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 RomÃ¡n

(2) I.D. Number 589

(3) Cover Period 10/1/2023 through 12/31/2023

(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
10/31/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	statement fee monthly fee	MO		\$13.00
1					
11/30/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	monthly fee paper statement fee	MO		\$13.00
2					
12/31/2023 / /	TD Bank, Lisandra 120 s john young pkwy kissimmee, Fl 34741	paper statement fee, monthly fee	MO		\$13.00
3					
/ /					
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