

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Diana Graniela  
 Name

(2) 1431 Simpson Road #42  
 Address (number and street)

Kissimmee, FL 34744  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1308318]

Submitted on:  
 6/6/2024 15:53:19 (eastern)

Check here if address has changed

(3) ID Number: 615

(4) Check appropriate box(es):

- Candidate Office Sought: School Board District 2
- 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 4 / 1 / 2024 To 5 / 31 / 2024 Report Type: Q2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 119 . 30

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 119 . 30

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 1 , 307 . 84

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 900 . 62

### (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 Diana Graniela (2) I.D. Number 615

4/1/2024 through 5/31/2024

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

(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
5/25/2024 / /	Marin, Louis 5469 Grove Crossings Blvd Orlando, FL 32839	I	retired	CH			\$100.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Diana Graniela

(2) I.D. Number 615

(3) Cover Period 4/1/2024 through 5/31/2024

(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
(6) Sequence Number					
4/3/2024 / /	Cyigna Solutions , 2390 Wadeview Loop Saint Cloud, FL 34769	marketing	MO		\$115.00
1					
5/25/2024 / /	Anedot , 1340 Poydras Street Suite 1770 New Orleans , LA 70112	transaction vendor fee	MO		\$4.30
2					
/ /					
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