CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Felicia Proia	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	867 W. 13th St.	Submitted on:							
	Address (number and street) St. Augustine, FL 32084	10/30/2020 22:13:10 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 1035							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: Anastasia Mosq Control Dist Seat 3 ☐ 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) 								
	(5) Report	Identifiers							
Cove	er Period: From 10 / 17 / 2020 To	10 / 29 / 2020 Report Type: <u>G6</u>							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
	I Monetary \$,,	Total Monetary \$, , <u>316</u> . <u>00</u>							
In-Ki	and \$,,,0 . 00								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\(\bigcup_{								
(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)								
X		X							
51	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	elicia Proia			2) I.D. Numbe	r	.035
	10/17/2020	1	10/29/2020			
(3) Cover Period	1 <i>I I</i>	through	<i>l l</i>	(4) Pag	e <u>1</u>	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Felicia Proia					(2) I.D. Nui	(2) I.D. Number			1035		
		10/17/2	2020		10/29/2	2020						
(3) Cover P	eriod	1	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
10/24/2020	Proia, Felicia 867 W 13th St. St. Augustine, FL 32084	reimbursement	RM		\$33.00
10/19/2020	The Ponte Vedra Recorder, 1102 Ala North Unit 108 Ponte Vedra Beach, FL 32082	print media	МО		\$283.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

Name Felicia Proia 1035 (1) (2) I.D. Number 10/29/2020 Cover Period 10/17/2020(4) Page ___1 of __1 (3)through (10) (5) (7) (11) (8) (9)**Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Street Address & contribution to a Sequence Related Number City, State, Zip Code candidate) **Expenditures Amendment** Amount Improvement Association, reimbursem 10/24/2020 2020-G6-1 \$33.00 West Augustine 1599 North Whitney St St. Augustine, FL 32084 1