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	2/5/2021 10:23:24 (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) ☐ 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							
Cove	er Period: From 10 / 17 / 2020 To								
	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							
Tota	I Monetary \$, , , 000	Total Monetary \$, ,33 . 00							
In-Ki	nd \$, , , 0 . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(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 or electioneering comm.) Deputy Treasurer Candidate Chairperson (only for PC and PTY)								
X		X							
Si	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. Num	nber	1035		
	1	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	Delete	\$33.00
1					
10/24/2020	Proia, Felicia 867 W 13th St. St. Augustine, FL 32084	reimbursement	RM	Add	\$0.00
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DS-DE 14 (Rev.					