	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Kelly Frasca	OFFICE USE ONLY
· 5	Name	ONLINE SUBMISSION
(2)	616 John Street	Submitted on:
	Address (number and street)	9/19/2021 23:58:22 (eastern)
	Lake Helen, fl 32744	
	City, State, Zip Code	(2) 12 11 12 12 12 12 12
	Check here if address has changed	(3) ID Number: 746
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: Lake Helen Cor	mmission Zone 1
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded
		☐ Check here if PTY has disbanded
		☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cove	er Period: From 9 / 4 / 2021 To	
		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
\-,		Monetary
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 5 . 00
Loar	ns \$,,, <u>0</u> . <u>00</u>	Transfers to
		Office Account \$, , , 0 . 00
Tota	al Monetary \$, , 0 . <u>00</u>	
		Total Monetary \$, , 5 . 00
In-Ki	ind \$,,, <u>0</u> . <u>00</u>	
	,	(8) Other Distributions
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
(-)	\$,, _10000	\$, , 244 . 52
	·	· · ·
	(11) Cert	
	It is a first degree misdemeanor for any person	
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:
(T)	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		X
	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kelly Frasca				2) I.D. Numbe	r	46
	9/4/2021			/17/2021			
(3) Cover Perio	od / /	thro			(4) Page	a <u>1</u>	of
				r	Г		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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J I							
1 1							
1 1							
I I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u>K</u>	elly	Frasca			111111111111111111111111111111111111111		 (2) I.D. Nun	nber	•	746	200
		9/4/20	021		9/17/2	2021					
(3) Cover Pe	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
9/16/2021	Volusis County Supervisor of E, Christopher 1750 S. Woodland Blvd DeLand, FL 32720	voter registration list	MO		\$5.00
//					
//					
/ /					
DO DE 14 (Paul					