

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kelly Frasca
 Name
 (2) 616 John Street
 Address (number and street)
Lake Helen, FL 32744
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1299357]

Submitted on:
 9/18/2023 14:18:43 (eastern)

Check here if address has changed

(3) ID Number: 945

(4) Check appropriate box(es):

- Candidate Office Sought: Lake Helen Mayor
- 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 2 / 1 / 2023 To 11 / 20 / 2023 Report Type: TRP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 9 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 9 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 74 . 65

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 74 . 65

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 254 . 99

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 254 . 99

(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 Kelly Frasca (2) I.D. Number 945

2/1/2023 through 11/20/2023

(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
9/8/2023 / /	TD Bank, 351 E New York Ave Ste 101 DeLand, FL 32724	O		RE	three \$3.00 paper statement fee		\$9.00
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kelly Frasca

(2) I.D. Number 945

(3) Cover Period 2/1/2023 through 11/20/2023

(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
(6) Sequence Number					
8/31/2023 //	TD Bank, 351 E New York Ave Suite 101 DeLand, FL 32720	stmt fee	MO		\$3.00
1					
9/8/2023 //	TD Bank, 351 E New York Ave Ste 101 DeLand, FL 32724	reimbursement to self from loan	RM		\$71.65
2					
//					
//					
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//					
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