CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Conservative Citizens Coalition	OFFICE USE ONLY							
` ,	Name	ONLINE SUBMISSION							
(2)	P.O. Box 560333	[1085475]							
	Address (number and street)	Submitted on: 2/25/2015 18:01:45 (eastern)							
	Rockledge, FL 32956								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:555							
(4)	Check appropriate box(es):								
	Candidate Office Sought:								
	Political Committee (PC)	□ -:							
		☐ 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)	<u> </u>							
	(5) 5								
		dentifiers							
Cove	er Period: From $\underline{2}$ / $\underline{1}$ / $\underline{2015}$ To	2 / 28 / 2015 Report Type: <u>M2</u>							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Casl	h & Checks \$, , ,000	Expenditures \$, , _15 . 65							
	Φ 0.00								
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$							
- .	· · · · · · · · · · · · · · · · · · ·	Office Account \$, , , 0 . 00							
Tota	al Monetary \$,,	Total Manatani, d							
~	Φ 0.00	Total Monetary \$, , _15 . 65							
In-Ki	find \$,,,000								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
1-7	\$, <u>6</u> , <u>500</u> . <u>00</u>	\$, 5 , 569 18_							
	·,,	,, ,, ,							
	(11) Certification								
	It is a first degree misdemeanor for any person	on 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:									
(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
10	electioneering comm.)								
Х		x							
-	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Conservative Citiz	ens C	oalition		2) I.D. Numbe	er <u>5</u>	55
	2/1/2015		2	/28/2015			
(3) Cover Perio	od / /	thro	ough	11_	(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	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Conservative Citizens Coalition						(2) I.D. Number			Ę	555	
	2	/1/20	15		2/28/2	015		* *	-			
(3) Cover Pe	riod	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
2/10/2015	Community Bank of the South, 1902 South Fiske Boulevard Rockledge, Fl 32955	bank service charge	МО		\$15.65
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