	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Brevard Citizens for an Inspector Ger	ONLINE SUBMISSION								
(2)	P.O. Box 410564	[1105286]								
	Address (number and street)	Submitted on:								
	Melbourne, FL 32941	5/10/2016 18:25:38 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 623								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: ☑ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 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									
	(5) Report	Identifiers								
Cove	er Period: From $4 / 1 / 2016$ To	4 / 30 / 2016 Report Type: M4								
<u> </u>	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 \$, , , 0 . 00								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$, , <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>, 590</u> 00	\$,, <u>160</u> . <u>75</u>								
Ιc		tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete:								
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		×								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brevard Citizens f	or an	Inspector	General (2) I.D. Numbe	r6	23
	4/1/2016		4	/30/2016		-	0
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	è <u> </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
Number	City, State, Zip Code	туре	Occupation	туре	Description	zanenament	Amount
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Brevard	Citi	zens	for an	Inspe	ector	General	_ (2	2) I.D. Nun	nber	6	23	
	4,	/1/201	L6		4	/30/2	2016			-			
(3) Cover P	eriod		/_	thro	ugh	/_		_ (4	1) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
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//					
//					
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