	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1) (2)	Brevard Taxpayers for Financial Respo Name 419 N. Washington Avenue	onsibility OFFICE USE ONLY ONLINE SUBMISSION [1171476]								
(Z) _	Address (number and street) Titusville, FL 32796 City, State, Zip Code	Submitted on: 9/6/2018 14:48:27 (eastern)								
(4)	Check here if address has changed Check appropriate box(es):	(3) ID Number: 756								
	☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ 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								
	er Period: From $8 / 24 / 2018$ To	8 / 31 / 2018 Report Type: G1 ecial Election Report								
	Contributions This Report	(7) Expenditures This Report								
	n & Checks \$, , 000	Monetary Expenditures \$, , 2 . 00								
Loan	\$,,, <u>0</u> . <u>00</u> Monetary	Transfers to Office Account \$, , , 0 . 00								
In-Kir		Total Monetary \$, , , 2 . 00								
		(8) Other Distributions \$, , 000_								
	TOTAL Monetary Contributions To Date \$, 5 , _30000	(10) TOTAL Monetary Expenditures To Date \$,5,28800								
(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:										
	/pe name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brevard Taxpayers	for F	inancial E	Responsibi	ՉԷՎ.D. Numbe	er <u>7</u>	56
(3) Cover Perio	8/24/2018 od///	thro		/31/2018 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) pontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Brevard	Taxpa	ayers	for	Financ	ial Re	sponsibil	lity	(2) I.D. Nur	nber		756	50
	8/	24/20	18		8	8/31/2	018						
(3) Cover Pe	riod	1	1	thr	nuah	1	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
8/31/2018	TD Bank, 3285 Garden St	statement fee	MO		\$2.00
1	Titusville, FL 32796				
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DS-DE 14 (Rev.	4442.)				