	CAMPAIGN TREASURE	ER'S REPORT SUMMARY						
(1) (2)	(CREW) Cocoa Beach Citizens for Comm. Name 13 Fairway Drive	Rec. Education and FRICE USE ONLY ONLINE SUBMISSION [1230029]						
(2)	Address (number and street)	Submitted on:						
	Cocoa Beach, FL 32931	9/10/2020 06:42:59 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(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 PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
	(5) Report	t Identifiers						
	er Period: From <u>8</u> / <u>22</u> / <u>2020</u> To							
<u>X</u> O	riginal Amendment Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$,,,	Monetary						
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00						
Total Monetary \$		Total Monetary \$, , , 0 . 00						
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>, 500</u> . <u>00</u>	\$,, <u>500</u> 00						
<u>(T)</u>		rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)						
_X		<u>x</u>						
Sig	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (CREW) Cocoa Beach Citizens for Comm. Rec. (2) LP: Number Water 781 8/22/2020 9/4/2020										
(3) Cover Perio	od//	through _	/ /	(4) Pag	ge <u>1</u>	of				
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)				
Sequence Number	Street Address & City, State, Zip Code	Contribute	90 NO	In-kind Description	Amendment	Amount				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (CREW) Cocoa Beach Citizens for Comm. Rec. Educa(2) 9.D. Numberter 781												
(3) Cover Perio	8/22/2020 9/4/ d/through/	2020 /(4	I) Page1	of	0							
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)							
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount							
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