

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) IRNA Political Committee

**Name**

(2) P.O. Box 643868

**Address (number and street)**

Vero Beach, FL 32964

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

Candidate (office sought): \_\_\_\_\_

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**

[1022915]

Submitted on:

9/16/2010 07:14:35 (eastern)

(3) ID Number: 160

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/20/2010 To 9/10/2010 / Report Type G1

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 0.00

Loans    \$ 0.00

Total Monetary    \$ 0.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 666.66

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 666.66

(8) Other Distributions    \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 94,185.15

**(10) TOTAL Monetary Expenditures To Date**

\$ 87,666.07

**(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 electioneering commun.)     Treasurer     Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name IRNA Political Committee (2) I.D. Number 160

8/20/2010 9/10/2010

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name IRNA Political Committee

(2) I.D. Number 160

(3) Cover Period 8/20/2010 through 9/10/2010

(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					
8/21/2010 / /	IRNA, PO Box 643868 Vero Beach, FL 32964	reimbursement for executive director	MO		\$666.66
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