	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	IRNA Political Committee	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION [1060456]					
(2)	P.O. Box 643868	Submitted on:					
	Address (number and street)	3/10/2014 09:04:59 (eastern)					
	Vero Beach, FL 32964						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:160					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	☑ Political Committee (PC)	□ c:					
	 ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PT 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)	-					
	(5) Report	Identifiers					
Cove	er Period: From $\frac{2}{2}$ / $\frac{1}{2}$ / $\frac{2014}{2014}$ To						
		ecial Election Report I					
(6)	Contributions This Report	(7) Expenditures This Report					
Ozak	\$ 200 00	Monetary Expenditures \$, , 0 . 00					
Casi	h & Checks \$,, <u>200</u> . <u>00</u>	Expenditures \$, , 0 . 00					
Loar	ns \$, , 0.00	Transfers to					
		Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 200 . 00						
		Total Monetary \$, , _ 0 . 00					
In-Ki	ind \$, , 0.00						
		(8) Other Distributions					
		\$, , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
. ,	\$, 117 , 948 . 49	\$, _113, _59984					
		, <u> </u>					
	(11) Cert It is a first degree misdemeanor for any perso						
		, , , ,					
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:					
(Ty	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	IRNA Political Committee			(2) I.D. Number				160	
	2/1/2014			2/28/	2014				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(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
2/28/2014 /	Roberts, John 261 Riverway Dr. Vero Beach, FL 32963	Ĩ	retired	СН			\$100.0
2/8/2014	Becker, Shirley 121 Springline Dr. Vero Beach, FL 32963	I		CA			\$50.0
2/8/2014	Bence, Leroy 2245 N. Southwinds Blvd APT 104 Vero Beach, FL 32963	I		CA			\$25.0
2/8/2014	Thomas, Charles 81 Oyster Cut Vero Beach, FL 32963	I		СН			\$25.0
/ /							
1 1							
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1 1							

	Political Committee 2/1/2014	2/28/2014	2) I.D. Number	*	160
B) Cover Period _	/through_		4) Page <u>1</u>	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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