CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	IRNA Political Committee	OFFICE USE ONLY							
( · /	Name	ONLINE SUBMISSION							
(2)	P.O. Box 643868	[1068681]							
	Address (number and street)	Submitted on: 7/23/2014 12:08:50 (eastern)							
	Vero Beach, FL 32964	//23/2014 12:00:50 (eastern)							
	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)								
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)	•							
	(E) Panad	Identifiers							
Cove									
	er Period: From 7 / 5 / 2014 To								
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , <u>115</u> . <u>00</u>							
	<b>\$</b>								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
T-4-	1 NA	Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , , 000	Total Monetary \$ . 115 . 00							
I IZ:	2	Total Monetary \$ , , <u>115</u> . <u>00</u>							
In-Ki	ind \$,, <u>0</u> .00	(9) Other Distributions							
		(8) Other Distributions \$ , , 0.00							
		\$ , , <u> 0</u> . <u>_00</u>							
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date							
	\$	\$							
		tification on 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:									
_(T	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 Comm	ittee		(2) I.D. Number					
	7/5/2014		7	/18/2014					
(3) Cover Perio	od//	thro	ough	<i>II</i>	(4) Pag	e <u>1</u>	of		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date (6)	Full Name (Last, Suffix, First, Middle)								
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	RNA	Political	Comn	nittee			 (2) I.D. Nun	nber	-	160	300
		7/5/201	4		7/18/20	14					
(3) Cover Per	riod	I	1	through	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
7/6/2014	Indian River Neighborhood Ass., PO Box 643868 Vero Beach, FL 32964	reimburse irna for executive director	МО		\$115.00
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DS-DE 14 (Rev	44/42				