	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Indian River Conservatives for Better	OFFICE USE ONLY ONLINE SUBMISSION
(2)	P.O. Box 7111	[1251150]
	Address (number and street)	Submitted on:
	Vero Beach, FL 32966	11/5/2021 15:03:15 (eastern)
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:299
(4)	Check appropriate box(es):	
	Candidate Office Sought:	
	Political Committee (PC)	
	☑ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Panad	Identifiers
Cov		
		10 / 31 / 2021 Report Type: M10
<u>X</u> 0	riginal Amendment Spo	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	n & Checks \$,,,	Monetary
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00
Tota	I Monetary \$, , , 000	Total Monetary \$, , 0 . 00
In-Ki	nd \$, , 0.00	
		(8) Other Distributions
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$, <u>24</u> , <u>676</u> . <u>26</u>
		tification on to falsify a public record (ss. 839.13, F.S.)
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:
(T	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		X
	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Indian River Conse	rvatives for		2), I.D. Numb	er	199
(3) Cover Perio	od///	through	10/31/2021 //	(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	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
J 1						
1 1						
1. 1						
1 1						
J I						
J I						
1 1						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Indian	River	Con	servatives	for	Better	Schools	(2) I.D. Nun	nber	2	299	300
	1	0/1/20	21		10/	31/2021	L					
(3) Cover Pe	riod	1	1	through		1 1		(4) Page	1	of	0	

(5) Date	(7)	(8)	(9)	(10)	(11)
(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
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