	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Indian River Conservatives for Bette: Name PO Box 69321	OFFICE USE ONLY ONLINE SUBMISSION [1147569]								
(2)	Address (number and street)	Submitted on:								
	Vero Beach, FL 32969	1/4/2018 14:50:38 (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) □ Check here if PC or ECO has disbanded □ Party Executive Committee (PTY) □ Check here if PTY has disbanded □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
		12 / 31 / 2017 Report Type: M12								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$, , , 000	Monetary								
Loar	 _ _ 	Transfers to Office Account \$, , , 0 . 00								
	Monetary \$,,,	Total Monetary \$, , , 0 . 00								
In-Ki	nd \$,, <u>0</u> . <u>00</u>	(8)								
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>24</u> , <u>676</u> . <u>26</u>								
Ιc		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:								
	/pe name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		<u>x</u>								
Sig	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	Indian River Conse	_ val		2/31/2017	10		
(3) Cover Perio	od////	thro	ough	<i>II</i>	(4) Pag	e 1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Indian	River	Conse	rvatives	for	Better	Schools	(2) I.D. Nun	nber	2	199	
	1	2/1/20)17		12/	/31/2017	7					
(3) Cover Pe	riod	I	1	through		1 1		(4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(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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DS-DE 14 (Rev				50 ·	