	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1) (2)	Indian River Conservatives for Better Name P.O. Box 7111	OFFICE USE ONLY ONLINE SUBMISSION [1243422]							
(2)	Address (number and street) Vero Beach, FL 32966	Submitted on: 2/5/2021 22:39:12 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):  Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
		1 / 31 / 2021 Report Type: M1 ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	n & Checks \$,,,	Monetary Expenditures \$ , , 0 . 00							
Loans \$,,,00		Transfers to Office Account \$ , , , 0 . 00							
Total Monetary \$		Total Monetary \$ , , 0 . 00							
		(8) Other Distributions \$ , , 000							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ ,25 ,05000_	(10) TOTAL Monetary Expenditures To Date \$ ,24 ,67626							
(T <u>)</u>		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)							
	electioneering comm.)	Champerson (unity for PC and P11)							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Indian River Conservatives for Better Scho (2) I.D. Number 299									
(3) Cover Peri	1/1/2021 od///	thro		/31/2021 //	(4) Pag	e	of _0			
(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			
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Indian	River	Conserv	atives	for	Better	Schools	(2) I.D. Nun	nber_		299	-
(3) Cover P		/1/202 _/	-	through <sub>.</sub>	1/3	1/2021		(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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