	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Indian River Conservatives for Better Name	OFFICE USE ONLY ONLINE SUBMISSION [1256203]							
(2)	P.O. Box 7111	Submitted on:							
	Address (number and street) Vero Beach, FL 32966	3/4/2022 11:35:11 (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) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From <u>2</u> / <u>1</u> / <u>2022</u> To	2 / 28 / 2022 Report Type: M2							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Total Monetary \$		Total Monetary \$, , , 0 . 00							
In-Ki	nd \$, , , 0 . 00	(0) 011 5: (1) (:							
		(8) Other Distributions \$, , <u>0</u> 00							
(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.) ect, and complete: (Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Sig	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name									
(3) Cover Period	2/1/2022 I///	through	2/28/2022 ///	(4) Pag	je <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			
I I									
1 1									
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J I									
1 1									
1 1									

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Indian	River	Cons	ervatives	for	Better	Schools	(2) I.D. Nun	nber	2	299	
	2	2/1/202	22		2/2	28/2022			-			
(3) Cover Per	riod	1	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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