CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Indian River Conservatives for Bette							
Name	ONLINE SUBMISSION [1087043]						
(2) 7658 S Polo Grounds Lane	Submitted on:						
Address (number and street)	4/10/2015 23:20:54 (eastern)						
Vero Beach, FL 32961 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)							
☑ Folitical Committee (FC) ☑ 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							
Cover Period: From <u>3</u> / <u>1</u> / <u>2015</u> T	o 3/ 31/ 2015 Report Type:M3						
Original Amendment Special Election Report							
(6) Contributions This Report (7) Expenditures This Report							
	Monetary						
Cash & Checks \$, ,000	Expenditures \$, , <u>10</u> . <u>00</u>						
Loans \$,,0.00	Transfers to						
	Office Account \$,, 0 . 00						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 10 . 00						
In-Kind \$,, 00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 20, 350.00	\$, 19 , 957 . 91						
	ertification						
It is a first degree misdemeanor for any person 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:							
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	X						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name							
(3) Cover Perio	3/1/2015 od//	thro	3 Dugh	/31/2015 / /	(4) Pag	e 1	of ⁰	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
1 1	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1990	Decemption		, another	
1	_							
1 1	-							
1 1	-							
<i>i i</i>	-							
J 1	-							
1 1								
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Ind) EXPENDIT 2) I.D. Number	299			
(3) Cover Period	3/1/2015 I/through	3/31/2015	4) Page <u>1</u>	of	1
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address & City: State, Zin Code	(8) Purpose (add office sought if contribution to a	(9) Expenditure Type	(10)	(11) Amount
	City, State, Zip Code Wells Fargo, PO Box 6995 Portland, OR 97228	bank fee	MO	Amendment	\$10.00
1					
_/ /					
_/ /					
_/ /					
11					
_ / /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES