CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Indian River Conservatives for Better Name PO Box 69321	or Schools OFFICE USE ONLY ONLINE SUBMISSION [1154245]							
(2)	Address (number and street) Vero Beach, FL 32969 City, State, Zip Code	Submitted on: 5/8/2018 07:01:35 (eastern)							
	Check here if address has changed	(3) ID Number: 299							
(4)	Check appropriate box(es):	(b) 15 Number							
	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									
	er Period: From $\frac{4}{2}$ / $\frac{1}{2018}$ To	4 / 30 / 2018 Report Type: M4 ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	n & Checks \$,,	Monetary Expenditures \$, , 0 . 00 Transfers to							
Tota In-Ki	Monetary \$,,	Office Account \$, , , 0 . 00 Total Monetary \$, , 0 . 00							
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$, , 000							
(9)	TOTAL Monetary Contributions To Date \$,25 ,05000_	(10) TOTAL Monetary Expenditures To Date \$,24 ,67626_							
<u>(T)</u>	(11) Certification 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) Individual (only for IE								
X		<u>x</u>							
Sig	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Indian River Conservatives for Better Scho (2) I.D. Number 299									
(2) Cover Beri	4/1/2018 od///	thre		/30/2018	//\ Doc	<u> </u>	as 0			
(3) Cover Ferr	ou		Jugii	· ·	(4) Fag	je	. 01			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)			
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	A	_			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
J I	_									
1 1										
1 1										
1 1										
j j										
J I										
l l										
1 1										

	C/	AMPAIC	JN IKI	EASURER	S KEPO	RI – HEMIZ	ED EXPEN	וטווט	KES	
(1) Name_	India	n Rive	r Conse	ervatives	for Bet	ter Schools	(2) I.D. Nur	nber		299
-		4/1/20	18		4/30/20)18	. ,			
(3) Cover F	eriod _		/	through	/		(4) Page	1	of _	0
(5)			(7	')		(8)	(9)		(10)	(11)
Date			Full N	lame		Purpose	3 55		8 8	
			50 BBBBBBB							

(5) Date (6) Sequence Number	(7) 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
//					
//					
//					
//					
//					
//					
//					
//					