	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Indian River Conservatives for Bette:	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	PO Box 69321	[1159369]								
. ,	Address (number and street)	Submitted on:								
	Vero Beach, FL 32969	6/30/2018 22:41:52 (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								
	er Period: From 6 / 1 / 2018 To									
<u> </u>	riginal Amendment Sp	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) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>24</u> , <u>676</u> . <u>26</u>								
l c		tification on to falsify a public record (ss. 839.13, F.S.)								
, ,										
	/pe name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Sic	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name									
(3) Cover Perio	6/1/2018 od////	thro	ough	/22/2018 //	(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		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Indian	River	Cons	ervatives	for	Better	Schools	(2) I.D. Num	nber_	2	99	.00
	6	/1/201	.8		6/2	22/2018						
(3) Cover Pe	riod	/	/	through_		<u> </u>		(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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