	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Indian River Conservatives for Better	Schools OFFICE USE ONLY ONLINE SUBMISSION								
(2)	Name P.O. Box 7111	[1211673]								
(4)	Address (number and street)	Submitted on:								
	Vero Beach, FL 32966	6/18/2020 18:37:30 (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								
Cove	er Period: From $\frac{6}{1}$ / $\frac{1}{2020}$ To	6 / 12 / 2020 Report Type: P1								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	n & Checks \$ , , ,000	Monetary Expenditures \$ , , , 0 . 00								
Loan	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Total Monetary \$		Total Monetary \$ , , 0 . 00								
In-Ki	nd \$,,,0 . 00									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>25</u> , <u>050</u> . <u>00</u>	\$, <u>24</u> , <u>676</u> . <u>26</u>								
Lo	(11) Cert It is a first degree misdemeanor for any pers ertify that I have examined this report and it is true, corr									
10										
	/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	6/1/2020 od////	thro	ough	/12/2020 //	(4) Pag	је <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	
f f								
1 1								
1 1								
1 1								
1 1								
1 1								
J I								
1 1								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Indian	River	Cons	ervatives	for	Better	Schools	(2) I.D. Nun	nber	2	299	300
	6	5/1/202	20		6/1	L2/2020						
(3) Cover Pe	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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