	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Indian River Conservatives for Better Name P.O. Box 7111	OFFICE USE ONLY ONLINE SUBMISSION [1215221]							
(2)	Address (number and street)	Submitted on:							
	Vero Beach, FL 32966	7/4/2020 23:15:43 (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 PT has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
		6 / 26 / 2020 Report Type: P2							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$,,,	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Total Monetary \$		Total Monetary \$, , 0 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>	(9) Other Dietributions							
		(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>							
Ιc	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr	on to falsify a public record (ss. 839.13, F.S.)							
(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	6/13/2020		6	/26/2020				
3) Cover Period	I I I	through			(4) Page	1	of	
(5) Date	(7) Full Name	(8) Contributor Type Occupation		(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code			Contribution Type	In-kind Description	Amendment	Amoun	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Indian	River	Con	servatives	for	Better	Schools	(2) I.D. Nun	nber	2	299	3
	6	5/13/20	20		6/2	26/2020			-			
(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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