

## CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED BY  
CITY CLERK'S OFFICE  
**OFFICE USE ONLY**  
2021 OCT 29 PM 4:36

(1) Rey Neville Campaign Fund  
 Name \_\_\_\_\_  
 (2) 450 Date Palm Road  
 Address (number and street) \_\_\_\_\_  
Vero Beach, FL 32963  
 City, State, Zip Code \_\_\_\_\_

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): City Council of Vero Beach  
 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

Cover Period: From 10 / 01 / 2021 To 10 / 01 / 2021 Report Type: G1  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks	\$	____	____	0.00
Loans	\$	____	____	0.00
Total Monetary	\$	____	____	0.00
In-Kind	\$	____	____	0.00

**(7) Expenditures This Report**

Monetary Expenditures	\$	____	____	0.00
Transfers to Office Account	\$	____	____	0.00
Total Monetary	\$	____	____	0.00

**(8) Other Distributions**  
 \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_, \_\_\_\_\_, 1,725.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_, \_\_\_\_\_, 1,635.63

### (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:

Rey Neville  
 (Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Rey Neville  
 Signature

Rey Neville  
 (Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X Rey Neville  
 Signature

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 Name  
 (2) 450 Date Palm Road  
 Address (number and street)  
Vero Beach, FL 32963  
 City, State, Zip Code

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City Council

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

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Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

(8) Other Distributions  
 \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_, \_\_\_\_\_, 1,725.00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_, \_\_\_\_\_, 1,653.63


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Rey Neville  
 (Type name)

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X 

Signature

Rey Neville  
 (Type name)

Candidate  Chairperson (only for PC and PTY)

X 

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Rey Neville Campaign Fund

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_  
 10/01/2021 10/01/2021 01 01  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
/ / no activity							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rey Neville Campaign Fund

(2) I.D. Number G1

(3) Cover Period 10/01/2021 /      /      through 10/01/2021 /      /     

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	NO ACTIVITY				
/ /					
/ /					
/ /					
/ /					
/ /					