

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

CONCERNED CITIZENS OF INDIAN RIVER COUNTY

ADDRESS (number and street) PO BOX 3432

Check if different than previously reported. (ACC) VERO BEACH FL 32964

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 11/01/2016 through 11/02/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rosemarie Frigerio

Signature of Treasurer Rosemarie Frigerio

Date 11/02/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only table with 7 empty columns

201611031101010101010101010101

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Concerned Citizens of Indian River County

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0-"/>		<input type="text" value="0-"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0-"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3637-"/>	<input type="text" value="3637-"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3637-"/>	<input type="text" value="3637-"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3637-"/>	<input type="text" value="3637-"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0-"/>	<input type="text" value="0-"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0-"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0-"/>	

NON-FEDERAL CAMPAIGN CONTRIBUTION

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Concerned Citizens of Indian River County

Report Covering the Period: From: MM ' DD ' YYYY *11 ' 01 ' 2016* To: MM ' DD ' YYYY *11 ' 02 ' 2016*

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2,200.-

2,200.-

(ii) Unitemized.....

1,437.-

1,437.-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,637.-

3,637.-

(b) Political Party Committees.....

—

—

(c) Other Political Committees (such as PACs).....

—

—

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3,637.-

3,637.-

12. Transfers From Affiliated/Other Party Committees.....

—

—

13. All Loans Received.....

—

—

14. Loan Repayments Received.....

—

—

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

—

—

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

—

—

17. Other Federal Receipts (Dividends, Interest, etc.).....

—

—

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

—

—

(b) Levin Funds (from Schedule H5).....

—

—

(c) Total Transfers (add 18(a) and 18(b))..

—

—

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,637.-

3,637.-

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

—

—

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	3,637-	3,637-
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,637-	3,637-
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36,370.00	36,370.00
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36,370.00	36,370.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-	-

NON-FEDERAL CONTRIBUTIONS

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Concerned Citizens of Indian River County

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hill, Toby		Date of Receipt 11 01 2016
Mailing Address 3880 39th Square		Amount of Each Receipt this Period 500.00
City Vero Beach	State FL	
Zip Code 32960		Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) The Hill Group	Occupation (for Individual) President	Aggregate Year-to-Date 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hill, Toby		Date of Receipt 11 01 2016
Mailing Address 3880 39th Square		Amount of Each Receipt this Period 500.00
City Vero Beach	State FL	
Zip Code 32960		Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) The Hill Group	Occupation (for Individual) President	Aggregate Year-to-Date 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Robert Pfeiffer		Date of Receipt 11 01 2016
Mailing Address 731 Marbrisa River Lane		Amount of Each Receipt this Period 200.00
City Vero Beach	State FL	
Zip Code 32963		Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) N/A	Occupation (for Individual) Retired	Aggregate Year-to-Date 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	1,200.00
TOTAL This Period (last page this line number only).....	

NOV-11-2016 11:00:11 AM

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Concerned Citizens of Indian River County

A. Matt Gaston

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address: **111 Springline Drive**

City: **Vero Beach** State: **FL** Zip Code: **32963**

FEC ID number of contributing federal political committee: **C**

Name of Employer (for Individual): **Self Employed** Occupation (for Individual): **Jeweler**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date: **500.00**

Date of Receipt: **11-01-2016**

Amount of Each Receipt this Period: **500.00**

Memo Item

B. Richard Zimmerman

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address: **3230 Tara Way**

City: **Vero Beach** State: **FL** Zip Code: **32963**

FEC ID number of contributing federal political committee: **C**

Name of Employer (for Individual): **N/A** Occupation (for Individual): **Retired**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date: **500.00**

Date of Receipt: **11-01-2016**

Amount of Each Receipt this Period: **500.00**

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1,000.00
TOTAL This Period (last page this line number only).....	2,200.00

201611010100117078

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Concerned Citizens of Indian River County</i>		FEC IDENTIFICATION NUMBER C
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report		Amends report filed on

Full Name of Payee <i>Press Journal</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 11 / 02 / 2016	
Mailing Address <i>2066 14th Avenue, Ste 200</i>			Amount 3637-	
City <i>Vero Beach</i>	State <i>FL</i>	Zip Code <i>32960</i>	Date of Disbursement or Obligation 11 / 01 / 2016	
Purpose of Expenditure <i>Newspaper Advertisement</i>		Category/Type 004	Name of Federal Candidate: <i>Donald J. Trump</i>	
Calendar Year-To-Date Per Election for Office Sought 3637-		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	Name of Federal Candidate:	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	2200-
(b) SUBTOTAL of Unitemized Independent Expenditures	1437-
(c) TOTAL Independent Expenditures	3637-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature
Rosemarie Ligerio
Date
11 / 02 / 2016

2016-11-01 09:00:00

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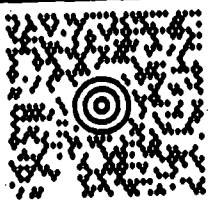
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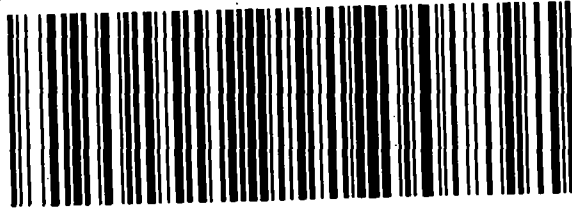
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PREPARER *[Signature]* *11/3/16*
DATE PREPARED
 (3/2015)

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