

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Larry Harvey  
Name

(2) PO Box 2081  
Address (number and street)

Palatka, FL 32178  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Supervisor of Elections

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1027352]  
Submitted on:  
2/3/2011 15:16:16 (eastern)  
(3) ID Number: 134

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/1/2010 To 12/31/2010 Report Type Q4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>9.95</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>9.95</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 300.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 262.74

**(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.

(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**  
\_\_\_\_\_  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**  
\_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Larry Harvey (2) I.D. Number 134

10/1/2010 through 12/31/2010

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Larry Harvey

(2) I.D. Number 134

(3) Cover Period 10/1/2010 through 12/31/2010

(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
12/24/2010 / /	Sides, marjorie 4803 St Johns ave Palatka, Fl 32177	data entry	MO	Delete	\$40.00
1					
12/24/2010 / /	Sides, marjorie 4803 St Johns ave Palatka, Fl 32177	data entry	MO	Add	\$50.00
2					
12/24/2010 / /	Harvey Insurance Agency, P.O. Box 1854 Interlachen, Fl 32148	labels for mailouts	MO	Delete	\$10.69
3					
12/24/2010 / /	Harvey Insurance Agency, P.O. Box 1854 Interlachen, Fl 32148	labels for mailouts	MO	Add	\$10.64
4					
/ /					
/ /					
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