	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Bob Harvey	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	29 Riverside Drive	Submitted on:								
	Address (number and street)	8/17/2016 10:15:56 (eastern)								
	City, State, Zip Code									
		(0) (D) (1)								
	Check here if address has changed	(3) ID Number: 627								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: Canaveral Por	t Authority, District 4								
	☐ 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								
		Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	er Period: From $8 / 6 / 2016$ To	8 / 12 / 2016 Report Type: P6								
× o	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Casl	h & Checks \$ ,1 , 421 . 00	Expenditures \$ , 7 , <u>145</u> . <u>01</u>								
T	s \$ , , 0.00	To a sife on the								
Loar	s s s s s s s s s s s s s s s s s s s	Transfers to Office Account \$								
Tota	I Monetary \$ , 1 , 421 . 00	Office Account \$ , , , 0 . 00								
Tota	, , , , ,	Total Monetary \$ , 7 ,145 . 01								
In-Ki	ind \$ , 1,300.00	, , , , , , , , , , , , , , , , , , , ,								
	,,,	(8) Other Distributions								
		\$,,000								
(0)										
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$								
	(11) Cert	ification								
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)								
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:								
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
OI .	sississing commity									
X		X								
Si	gnature	Signature								

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

(1) Name	b Harvey				(2		627		
	8/6/2010	6		8/12/	2016				
(3) Cover Period	1	1	through	1	1	(A) Page	1	of	2

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	_	Contributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
8/6/2016	Green, Ed  104 Riverside Dr #204  Cocoa, FL 32922	I	retired	CA	Везеприоп		\$50.0
1							
8/7/2016 / /	Glavas, Peter 527 Rockledge Dr Rockledge, FL 32955	I	retired	СН			\$100.0
2							
8/7/2016	Kearney DDS, Debra 645 Brevard Ave Cocoa, FL 32922	В	dentist	СН			\$250.0
3							
8/8/2016 / /	Green, Ed 104 Riverside Dr #204 Cocoa, FL 32922	I	retired	IK	food & beverage for meet and greet		\$300.0
4							
8/8/2016 j j	Buescher, Lila 6925 S Tropical Tr Merritt Island, FL 32952	I	house wife	e IK	food & beverage meet candidate		\$1,000.0
8/8/2016 / /	Space Coast Cardiology, 7139 N US Hwy 1 Port St John, FL 32927	В	physician	СН			\$501.0
6							
8/8/2016	Ridenour, Jim 4250 Careywood Dr. Mebourne, FL 32934	I	hotel manage	СН			\$200.0
7							
8/8/2016 / /	Pitcher Enterprises Inc, 502 Falmouth Ave Merritt Island, FL 32952	В	realtor	СН			\$100.0
			EVERSE FOR I				

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

(1) Name Bob	Harvev				(2	) I.D. Number		627		
	8/6/201	6		8/12/	2016					
(3) Cover Period	1	1	through	1	1	(4) Page	2	of	2	

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) contributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	3 C ( 5 C ( 1 S ( 5 C ) 6 ( 1 S ( 5 C ) 6 C ( 1 S ( 5 C ) 6 C ( 1 S ( 5 C ) 6	Туре	Description	Amendment	Amount
8/8/2016 /	Hammerling, Susan 1073 Spanish Wells Dr Melbourne, FL 32940	Ī	physicians assistant				\$100.0
8/10/2016 / /	Sharpe, Doug 121 Nebraska Circle Sebastian, FL 32958	I	retired	CA			\$20.(
8/10/2016 / /	Yanaros, John 101 Tomahawk Dr Fort Davis, TX 79734	I	consultant	: CH			\$100.0
1 1							
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	b Har	vey					(2) I.D.	Number	1,	627	-
	8	3/6/20	16		8/12/2	016					
(3) Cover Per	riod	1	1	through	1	1	(4) Pag	ae 1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/10/2016	Go Fund Me, 1010 2nd Que #1770 San Diego, CA 92101	cost to use go fund me site	MO		\$10.08
8/9/2016	Wells Fargo, 834 N Cocoa Blvd. Cocoa, FL 32922	petty cash withdrawn	PW		\$100.00
8/8/2016	Facebook, 1601 S. California Ave Palo Alto, CA 94304	marketing/ boost	МО		\$662.93
8/9/2016	Wells Fargo, 834 N Cocoa Blvd. Cocoa, FL 32922	bank fee	МО		\$5.50
8/11/2016 // 5	Central Florida Publishing, Box 1057 Sanford, FL 32722	marketing	МО		\$6,366.50
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