

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bob Harvey (2) I.D. Number 627

8/26/2016 through 11/28/2016

(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 Bob Harvey

(2) I.D. Number 627

(3) Cover Period 8/26/2016 through 11/28/2016

(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					
10/17/2016 / /	Harvey, Bob 29 Riverside Dr #601 Cocoa, FL 32922	remaining petty cash	DI		\$248.10
1					
10/17/2016 / /	Harvey, Bob 29 Riverside Dr. #401 Cocoa, FL 32922	repayment of loan	DI		\$1,304.20
2					
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