CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Bob Harvey	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	29 Riverside Drive	[1127418]						
	Address (number and street)	Submitted on: 9/22/2016 09:48:49 (eastern)						
	,							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:627						
(4)	Check appropriate box(es):							
	☐ Canaveral Port	t Authority, District 4						
	Political Committee (PC)							
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
	` ,	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
		dentifiers						
Cove	er Period: From 9 / 17 / 2016 To	9 / 30 / 2016 Report Type: <u>G3</u>						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 0 . 00						
•	Φ 0.00							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
- ,	• 100 00	Office Account \$, , , 0 . 00						
Tota	al Monetary \$,, <u>100</u> . <u>00</u>	Total Manatany & 0 00						
	0.00	Total Monetary \$, , 0 . 00						
In-Ki	find \$,,							
	,	(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, 44, 231.80						
		·						
	(11) Cert							
	It is a first degree misdemeanor for any person	on 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:								
(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
-	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bob Harvey	(2) I.D. Number 627								
	9/17/2016		9/30/2016							
(3) Cover Period / / through / / (4) Page of										
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10) In-kind	(11)	(12)			
Number	City, State, Zip Code			Туре	Description	Amendment	Amount			
9/19/2016	City of Rockledge, 1600 Huntington Lane Rockledge, FL 32955		city government	RE			\$100.0			
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<i>I</i> 1										
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J I										
1 1										

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bob Harvey (2) I.D. Number								
	9/17/2016 through	9/30/2016	(4) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(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)	(11) Amount			
//								
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