FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Harvey Ruvin Name	OFFICE USE ONLY						
(2) 915 North Shore Drive	IE SUBMISSION [1033214]						
Address (number and street) Submitt							
Miami Beach, FL 33141 2/7/203 City, State, Zip Code	.2 16:40:05 (eastern)						
☐ CHECK IF ADDRESS HAS CHANGED (3) ID N	ımber: 1015						
(4) Check appropriate box(es): X Candidate (office sought): Clerk of the Circuit Court Political Committee CHECK IF PC HAS DISBANDED Committee of Continuous Existence CHECK IF CCE HAS DISBANDED Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT IDENTIFIERS							
Cover Period: From	Report Type Q4-11						
☐ Original ☐ Amendment ☐ Special Election Report ☐ In	dependent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDIT	URES THIS REPORT						
Cash & Checks \$ 0.00 Expenditures	\$ 0.00						
Loans \$ 0.00 Transfers to Office Account	\$ 0.00						
Total Monetary \$ Total Monetary	\$ 0.00						
In-Kind \$ 0.00							
(8) Other Dis	ributions \$						
(9) TOTAL Monetary Contributions To Date \$\$ (10) TOTAL Most \$\$	8100						
(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) 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 ☐ Candidate	Chairperson (only for PC, PTY & electioneering commun. organization)						
X Signature Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Harvey Ruvin					(2)	1015			
	10/1/201	1		12/31	/2011				
(3) Cover Period	1	_ / _	through	1	1	_ (4) Page	1	$_$ of $_^1$	L

	iour		ough		(4) га	•	OI*
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/27/2011	School of Golf, Inc., Charlie De Lucca Information Requested Info. Requested, FL Info. I	В	golf school	СН		Delete	\$500.0
10/27/2011	School of Golf, Inc., Charlie De Lucca 1802 NW 37 Ave. Miami, FL 33125	В	golf school	СН		Add	\$500.0
11/8/2011	Revocable Trust, Irving B. Levenson Information Requested Info. Requested, In Info Re	ed O	trust	СН		Delete	\$250.0
11/8/2011	Revocable Trust, Irving B. Levenson 780 NE 69 Street #2209 Miami, FL 33138	0	trust	СН		Add	\$250.0
I I							
J I							
J I							
1 1							

(1) Name <u>Harve</u>	CAMPAIGN TRE	ASURER'S I	REPORT – ITEM	EMIZED EXPENDITURES (2) I.D. Number 1015				
	10/1/2011	through	2/31/2011		of	f 0		
(5) Date (6) Sequence	(7) Full N: (Last, Suffix, F Street Add	ame irst, Middle) dress &	(8) Purpose (add office sou	oa Expend	iture	(11)		
Number	City, State,	Zip Code	candidate)	Тур	e Amendme	ent Amount		
//								
//								
//								
//								
//								
//								
//								
//								