

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BOB MCCABE
Name

(2) 4049 OCEAN DRIVE # 506
Address (number and street)

VERO BEACH, FL 32963
City, State, Zip Code

OFFICE USE ONLY
RECEIVED BY
CITY CLERK'S OFFICE

2020 OCT 30 AM 10:18

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: VERO BEACH CITY COUNCIL
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- 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

(5) Report Identifiers

Cover Period: From 10 / 17 / 20 To 10 / 29 / 20 Report Type: G3

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,520.00

Loans \$ _____

Total Monetary \$ 1,520.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 1,126.00

Transfers to Office Account \$ _____

Total Monetary \$ 1,126.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 5,470.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,784.65

(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) BOB MCCABE

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Robert McCabe
Signature

(Type name) BOB MCCABE

Candidate Chairperson (only for PC and PTY)

X Robert McCabe
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BOB MCCABE (2) I.D. Number _____

(3) Cover Period 10 / 17 / 20 through 10 / 29 / 20 (4) Page 1 of 2

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(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10, 17, 20	RUSSELL BENSON 4049 OCEAN DR VERO BEACH, FL 32963	I	RETIRED	CHE			100.00
10, 17, 20	WILLIAM MAHER 4049 OCEAN DR, VERO BEACH, FL 32963	I	RETIRED	CHE			50.00
10, 17, 20	RICHARD WINGER 1361 INDIAN MOUNDS VERO BEACH, FL 32963	I	RETIRED	CHE			50.00
10, 17, 20	JAMES DOWNES 4049 OCEAN DR VERO BEACH, FL 32963	I	RETIRED	CHE			100.00
10, 17, 20	STUART KEANEY 4049 OCEAN DR VERO BEACH, FL 32963	I	RETIRED	CHE			50.00
10, 17, 20	ALICE CORBETT 4049 OCEAN DR VERO BEACH, FL 32963	I	RETIRED	CHE			1000.00
10, 23, 20	THOMAS BYRNE 58 BEECHWOOD TER, YONKERS, NY 10705	I	RETIRED	CHE			50.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BOB MCCABE

(2) I.D. Number _____

(3) Cover Period 10 / 17 / 20 through 10 / 29 / 20

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CITY CLERK'S OFFICE
(4) Page 2 of 2
2020 OCT 30 AM 10:18

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10, 23, 20	VIRGINIA CORBETT 4049 OCEAN DR VERO BEACH, FL 32963	I	RETIRED	CHE			20.00
10 10, 29, 20	KATHERINE SILLOWAY 4049 OCEAN DR, VERO BEACH, FL 32963	I	RETIRED	CHE			100.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAGE TOTAL \$120.00
TOTAL \$1520.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BOB MC CAIG

(2) I.D. Number RECEIVED BY CITY CLERK'S OFFICE

(3) Cover Period 10/17/20 through 10/29/20

(4) Page 1 of 1

2020 OCT 30 AM 10:18

(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
10/22/20	MARINE BANK TRUST	RETURNED CHECK FEE	CAN		6.00
10/22/20	VERO'S VOICE	AD	CAN		500.00
10/23/20	DAVID MOSNIER	GRAPHIC DESIGN	CAN		120.00
10/23/20	VERO BEACH CHAMBER 1957 14TH AVE VERO BEACH, FL 32966	COPYING SERVICES, ETC	CAN		500.00
1/1					
1/1					
1/1					
1/1					

TOTAL \$1,126.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name BOB MCCABE (2) I.D. Number _____

(3) Cover Period 10/17/20 through 10/29/20 (4) Page 1 of 1

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(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) Related Expenditures	2020 (10) OCT 30 Amendment	(11) AM 10:18 Amount	(12) Distribution Type
(6) Sequence Number						
1 /	NA					
1 /						
1 /						
1 /						
1 /						
1 /						
1 /						
1 /						