

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Brett B Gelbert
Name

(2) 485 E Amherst Circle
Address (number and street)
Satellite Beach, FL 32937

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

09-16-20P02:40 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: 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 08 / 22 / 2020 To 09 / 04 / 2020 Report Type: 2020 G2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 915 . 00

Loans \$ _____ , _____ , 150 . 00

Total Monetary \$ _____ , 1 , 065 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1 , 579 . 58

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 1 , 579 . 58

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2 , 435 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1 , 594 . 46

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

Brett
Signature

(Type name) BRETT B GELBERT
 Candidate Chairperson (only for PC and PTY)

Brett
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brett B Gelbert (2) I.D. Number _____

(3) Cover Period 08 / 22 / 2020 through 09 / 04 / 2020 (4) Page 1 of 1

(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							
/ /							
08/24/2020 / /	SINCLAIR, JERRY 4015 LAKE GLEN DR MELBOURNE, FL 32904	I	PUBLIX MGR	CAS		DEL	200.00
2020 G2-3							
08/24/2020 / /	SINCLAIR, JERRY 4015 LAKE GLEN DR MELBOURNE, FL 32904	I	PUBLIX MGR	CAS		ADD	50.00
2020 G2-11							
/ /							
/ /							
/ /							
/ /							

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(1) Brett B Gelbert

Name

(2) 485 E Amherst Circle

Address (number and street)

Satellite Beach, FL 32937

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

09-08-20A10:44 RCVD

(4) Check appropriate box(es):

Candidate Office Sought: 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 08 / 22 / 2020 To 09 / 04 / 2020 Report Type: 2020 G2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 065 . 00

Loans \$, , 150 . 00

Total Monetary \$, 1 , 215 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 579 . 58

Transfers to Office Account \$, , .

Total Monetary \$, 1 , 579 . 58

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 2 , 585 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 594 . 46

(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) BRETT B GELBERT

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

Brett B Gelbert

Signature

(Type name) BRETT B GELBERT

Candidate Chairperson (only for PC and PTY)

Brett B Gelbert

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brett B Gelbert (2) I.D. Number _____
 (3) Cover Period 08 / 22 / 2020 through 09 / 04 / 2020 (4) Page 1 of 2

(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							
08/23/2020 / / 2020 G2-1	BAKER, NANCY 585 KALE STREET SATELLITE BEACH, FL 32937	I		CAS			40.00
08/23/2020 / / 2020 G2-2	GURRI, LISA 210 LANSING ISLAND DR IHB, FL 32937	I	RETIRED CEO	CHE			150.00 GF
08/24/2020 / / 2020 G2-3	SINCLAIR, JERRY 4015 LAKE GLEN DR MELBOURNE, FL 32904	I	PUBLIX MGR	CAS			200.00
08/24/2020 / / 2020 G2-4	MATT EDWARDS THE PROJECTS GROUP 301 COMMERCE STREET #1301 FORT WORTH, TX 76102	B	EMPLOYER	CHE			350.00 GF
08/26/2020 / / 2020 G2-5	ROBERT MCCARTHY 451 E AMHERST CIRCLE SATELLITE BEACH, FL 32937	I	CONTRACTOR	CHE			100.00 GF
08/26/2020 / / 2020 G2-6	BRETT B GELBERT 485 E AMHERST CIRCLE SATELLITE BEACH, FL 32937	S	CONTRACTOR	LOA			150.00
08/29/2020 / / 2020 G2-7	LARRY PIETRATONIO 465 E AMHERST CIRCLE SATELLITE BEACH, FL 32937	I	RETIRED	CHE			50.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BRETT B GELBERT **(2) I.D. Number** _____
(3) Cover Period 08 / 22 / 2020 through 09 / 04 / 2020 **(4) Page** 2 of 2

(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
08/28/2020 / / 2020 G2-8	THOMAS CUOMO 28 MARINA ISLES BLVD IHB, FL 32937	I		CHE			50.00 GF
08/28/2020 / / 2020 G2-9	BRANDON WILSON 768 MONTERREY DRIVE SATELLITE BEACH, FL 32937	I		CHE			75.00 GF
09/01/2020 / / 2020 G2-10	GARY KELLY 1295 DOVE CT NE PALM BAY, FL 32907	I		CHE			50.00 GF
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BRETT B GELBERT

(2) I.D. Number _____

(3) Cover Period 08 / 22 / 2020 through 09 / 04 / 2020

(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
08/24/2020 2020 G2-1	THE PRINT PLACE.COM 1130 AVENUE H EAST ARLINGTON, TX 76011	ADVERTISING	CAN		176.93
08/26/2020 2020 G2-2	GOOD GUYS SIGNS 1032 E HILLSBOROUGH AVE TAMPA, FL 33604	ADVERTISING	CAN		524.49
09/02/2020 2020 G2-3	THE PRINT PLACE.COM 1130 AVENUE H EAST ARLINGTON, TX 76011	ADVERTISING	CAN		322.33
09/03/2020 2020 G2-4	GODADDY.COM	ADVERTISING DOMAIN NAME	CAN		22.16
09/03/2020 2020 G2-5	GODADDY.COM	ADVERTISING MONTHLY HOSTING	CAN		25.00
09/03/2020 2020 G2-6	FACEBOOK ADS	ADVERTISING POST BOOSTING	CAN		25.00
09/03/2020 2020 G2-7	GOOD GUYS SIGNS 1032 E HILLSBOROUGH AVE TAMPA, FL 33604	ADVERTISING SIGNS	CAN		459.39
09/04/2020 2020 G2-8	GO FUND ME FEES	DONATION FEES	CAN		24.28

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Brett B Gelbert

Name

(2) 485 E Amherst Cir

Address (number and street)

Satellite Beach, FL 32937

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

08-25-20P03:28 RCVD

(4) Check appropriate box(es):

Candidate Office Sought: 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 08 / 14 / 2020 To 08 / 21 / 2020 Report Type: 2020 G1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 1, 270. 00

Loans \$ _____, _____, _____.

Total Monetary \$ _____, _____, _____.

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 7. 88

Transfers to Office Account \$ _____, _____, _____.

Total Monetary \$ _____, _____, _____.

(8) Other Distributions

\$ _____, _____, _____.

(9) TOTAL Monetary Contributions To Date

\$ _____, 1, 370. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 14. 88

(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) Brett B Gelbert

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

X

Signature

(Type name) Brett B Gelbert

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brett B Gelbert (2) I.D. Number _____
 (3) Cover Period 08 / 14 / 2020 through 08 / 21 / 2020 (4) Page 1 of 1

(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
08 / 15 / 2020 2020 G1 - 1	Flatley, Pat 628 Carribean Drive Satellite Beach, FL 32937	I		CHE			20.00
08 / 17 / 2020 2020 G1 - 2	Mike Farnsworth 316 Salida Drive IHB, FL 32937	I		CHE			50.00
08 / 19 / 2020 2020 G1 - 3	Yvonne L Allen 6901 Orange Ave Cape Canaveral, FL 32920	I		CHE			50.00
08 / 20 / 2020 2020 G1 - 4	Casey Krauser 709 32nd Ave North St Petersburg, FL 33704	I		CHE			50.00
08 / 21 / 2020 2020 G1 - 5	Mike Herrington 160 Violet Circle Interlachen, FL 32148	I	Retired LEO	CHE			1000.00
08 / 21 / 2020 2020 G1 - 6	Stacie Abney 469 Winchester Rd Satellite Beach, FL 32937	I		CHE			50.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Brett B Gelbert

(2) I.D. Number _____

(3) Cover Period 08 / 14 / 2020 through 08 / 21 / 2020

(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					
08 / 21 / 2020 2020 G1 - 1	Go Fund Me	FEES	CAN		7.88
/ /					
/ /					
/ /					
/ /					
/ /					
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/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Brett B Gelbert
 Name
 (2) 485 E Amherst Cir
 Address (number and street)
Satellite Beach, FL 32937
 City, State, Zip Code

OFFICE USE ONLY

08-14-20P03:37 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Council - Satellite Beach
- 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 08 / 01 / 2020 To 08 / 13 / 2020 Report Type: P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 7.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 7.00

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 7.00

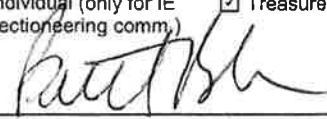
(11) Certification

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) Brett B gelbert

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

X 
 Signature

(Type name) Brett B Gelbert

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brett B Gelbert (2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 13 / 2020 (4) Page 1 of 1

(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
08/14/2020 / /	Gelbert, Brett and Kelly 485 E Amherst Cir Satellite Beach FL 32937	S		CAS			\$100.00
2020 P7-1							
/ /							
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/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Brett B Gelbert

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 13 / 2020

(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					
08/06/2020	City of Satellite Beach 565 Cassia Blvd Satellite Beach, FL 32937	APPLICATION FEE	CAN		7.00
2020 P7 - 1					
/ /					
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/ /					
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INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).
- (2) Identification number assigned by the filing officer.
- (3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date of expenditure (Month/Day/Year).
- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Full name and address of entity receiving payment (including city, state and zip code).
- (8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.