

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ROBERT L O'NEIL II  
 Name  
 (2) 1401 TRUMAN AVE  
 Address (number and street)  
KEY WEST, FLORIDA 33040  
 City, State/Zip Code

**OFFICE USE ONLY**

RECEIVED  
 CITY CLERK'S OFFICE  
 2015 MAR -9 PM 4:06  
 CITY OF KEY WEST  
 KEY WEST FLORIDA

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate Office Sought: DIST #2  
 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 2/1/2015 To 2/28/2015 Report Type: M-F  
 Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ \_\_\_\_\_  
 Loans    \$ \_\_\_\_\_ 250.00  
 Total Monetary    \$ \_\_\_\_\_  
 In-Kind    \$ \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_ 17.00  
 Transfers to Office Account    \$ \_\_\_\_\_  
 Total Monetary    \$ \_\_\_\_\_ 17.00

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ 250.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ 17.00

**(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) ROBERT L O'NEIL II  
 Individual (only for IE of electioneering comm.)     Treasurer     Deputy Treasurer  
[Signature]  
 Signature

(Type name) ROBERT L O'NEIL II  
 Candidate     Chairperson (only for PC and PTY)  
[Signature]  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name ROBERT L. O'NEIL (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
2/1/15	ROBERT L. O'NEIL 1401 TROVANO AV APT 4 WEST, FL 33070			LOA			\$250
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name ROBERT L. O'NEILL (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 2-1-2015 through 2-28-2015 (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
2/24/15 #1	FIRST STATE-BANK 1201 SIMONTON KEY WEST, FLORIDA 33040	CHECKS	CAN		\$ 17.00
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