CAMPAIGN TREASURER'S REPORT SUMMARY

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2015 JUL 10 AM 9:49
CITY OF KEY WEST
KEY WEST, FLORIDA

(1) Name: ROBERT L. O'NEIL

(2) Address (number and street): 1401 TRUMAN AVE

City, State, Zip Code: KEY WEST, FL 33040

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate — Office Sought: CITY COMMISSIONER 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 6/1/15 To 6/30/15 Report Type: MG

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ 750 . ___
Total Monetary	$ ___ , ___ 750 . ___
In-Kind	$ ___ , ___ -0- . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ 132 . 70
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ 132 . 70

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 8,745 . 25

(10) TOTAL Monetary Expenditures To Date

$ ___ , 1,680 . 95

(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

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

X [signature]
Signature

(Type name) ROBERT L. O'NEIL

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 6/1/15 through 6/30/15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6/10/15 / 1	ROBERT L O'NEIL 1401 TRUMAN AVE KW, FL 33040	S		LDA			$600
6/30/15 / 2	ROBERT L O'NEIL 401 TRUMAN AVE KW, FL 33040	S		LDA			$150
/ /					TOTAL		$750
/ /			TOTAL $ M-2, 3, 4 + 5				1995
/ /			TOTAL TO DATE M-2 THRU M-6				2745
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 6/1/15 through 6/30/15 (4) Page 1 of 1

(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) Amendment	(11) Amount
6/30/15 / 1	CATES 3201 FLAGLER AVE KW 33040	COLLY CUPS	CAS		$132.70
/ /					
		TOTAL M2,3,4,5			$548.35
/ /					
		TOTAL M2-M6			$680.95
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES