FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ARTURO ONEILL
Name

(2) 502 HOLIDAY DR.
Address (number and street)
HALLANDALE BEACH FL 33009
City, State, Zip Code

OFFICE USE ONLY

CITY OF HALLANDALE
CITY CLERK
09 FEB -2 PM 3:08

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):
☑ Candidate (office sought): COMMISSION
☐ Political Committee
☐ Committee of Continuous Existence
☐ Party Executive Committee
☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED
☐ CHECK IF CCE HAS DISBANDED
☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 31 / 08 To 02 / 02 / 09 Report Type TR

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ — 0 —
Loans	$ — 0 —
Total Monetary	$ — 0 —
In-Kind	$ — 0 —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 212 63
Transfers to Office Account	$
Total Monetary	$ 212 63

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 2249 10

(10) TOTAL Monetary Expenditures To Date

$ 2249 10

(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) ARTURO ONEILL
☐ Individual (only for electioneering commun.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ARTURO ONEILL
☑ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ARTURO O'NEILL (2) I.D. Number _____

(3) Cover Period 10 / 31 / 08 through 02 / 02 / 09 (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
/ /	— 0 —						
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DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ARTURO ONEILL (2) I.D. Number

(3) Cover Period 10/31/08 through 02/02/09 (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
12/19/08 / 1	ARTURO ONEILL		REF		212.00
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES