

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert McKinzie  
 Name  
 (2) P O Box 120324  
 Address (number and street)  
Fort Lauderdale FL 33312  
 City, State, Zip Code

OFFICE USE ONLY

2015 AUG 31 PM 4: 1

CITY CLERK

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner District III Ft Lauderdale

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 07 / 01 / 2014 To 07 / 31 / 2014 Report Type: \_\_\_\_\_

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 975 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 730 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(8) Other Distributions  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ , 24 , 675 . 00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ , 4 , 343 . 74

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

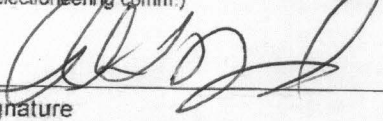
I certify that I have examined this report and it is true, correct, and complete:

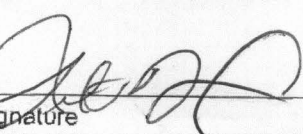
(Type name) Robert McKinzie

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

(Type name) Robert McKinzie

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

X   
 Signature

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

(1) Name Robert McKinzie (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 / 01 / 14 through 07 / 31 / 14 (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							
07 25 14 / /	Wells Fargo 1191 S. University Dr Plantation FL 33324	I		Bank Credit		Add	225.00
006							
/ /							
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