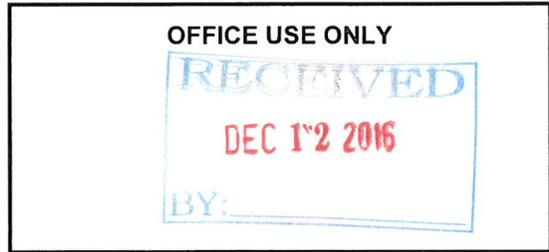


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robinson, Herman C.  
 Name  
 (2) 114 Ocean Breeze St  
 Address (number and street)  
Lake Worth, FL 433460  
 City, State, Zip Code



(3) ID Number: 00000

(4) Check appropriate box(es):  
 Candidate Office Sought: City of Lake Worth Commission District 4  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 1 / 16 To 11 / 30 / 16 Report Type: M11  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks	\$	___	,	___	,	<u>300</u>	.00
Loans	\$	___	,	___	,	___	. ___
Total Monetary	\$	___	,	___	,	<u>300</u>	.00
In-Kind	\$	___	,	___	,	___	.00

**(7) Expenditures This Report**

Monetary Expenditures	\$	___	,	___	,	<u>254</u>	.95
Transfers to Office Account	\$	___	,	___	,	___	. ___
Total Monetary	\$	___	,	___	,	<u>254</u>	.95

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_ , 3 , 578 .00

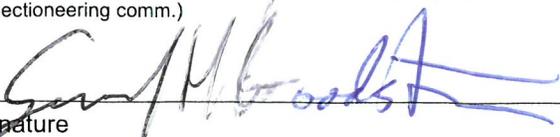
**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_ , 1 , 552 .41

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

**X**   
 Signature

(Type name) Herman Robinson  
 Candidate  Chairperson (only for PC and PTY)

**X**   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Herman C. Robinson

(2) I.D. Number 00000

(3) Cover Period 11 / 1 / 16 through 11 / 30 / 16

(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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
11 / 1 / 16	1	Janet Kanai 1311 N.O St. Lake Worth, FL 33460	I	Pet Sitter	CHE			50.00
11 / 4 / 16	2	Chiropractically Ours, LLC 1717 N.Federal Hwy Lake Worth, FL 33460	B	Medical	CHE			150.00
11 / 8 / 16	3	Robert D'Arnizo, LLC 531 N.O St. Lake Worth, FL 33460	B	Real Estate	CHE			100.00
/ /								
/ /								
/ /								
/ /								
/ /								



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

(1) Name Herman C. Robinson

(2) I.D. Number 00000 BY: \_\_\_\_\_

(3) Cover Period 11 / 1 / 16 through 11 / 30 / 16

(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					
11 / 14 / 16 1	Constant Contact Reservoir Place 1601 Trapelo Rd. Waltham, MA 02453	email services	MON		65.00
11 / 17 / 16 2	webElect.net, LLC 1256 Vinetree Dr Brandon, FL 33510	Data services	MON		185.00
11 / 22 / 16 3	Campaign Partner.com P.O. Box 118 Still River, MA 01467	website services	MON		4.95
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