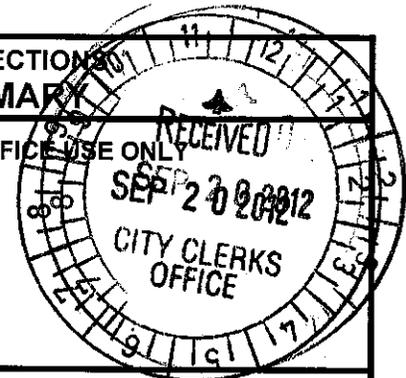


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**



(1) Smith Joseph Campaign
Name

(2) 685 NE 126th Street
Address (number and street)

North Miami, FL 33161

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Smith Joseph for Mayor of North Miami

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 10 / 2012 To 09 / 14 / 2012 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,921.25

Transfers to Office Account \$ 0.00

Total Monetary \$ 3,921.25

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 33,700.00

(10) TOTAL Monetary Expenditures To Date

\$ 12,428.33

(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) Aris Blemur

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

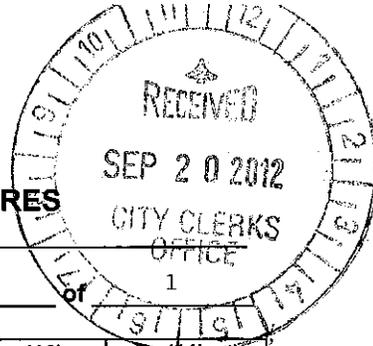
X _____
Signature

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

(Type name) Smith Joseph

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Smith Joseph Campaign

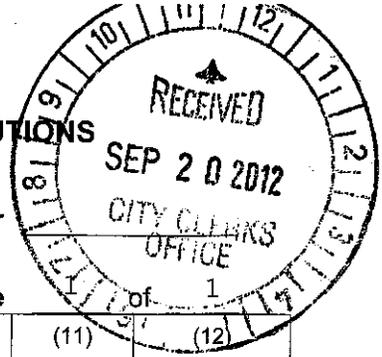
(2) I.D. Number _____

(3) Cover Period 08 / 10 / 2012 through 09 / 14 / 2012

(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
08 / 16 / 12	Emmanuel, Erole 1055 NE 125th Street North Miami, FL 33161	Radio/ Advertising	MON		\$500.00
1					
08 / 24 / 12	Mr. Copy Printing 3683 NW 135th Street Opa Locka, FL 33054	Printing/ Advertising	MON		\$671.25
2					
09 / 06 / 12	Emmanuel, Erole 1055 NE 125th Street North Miami, FL 33161	Radio/ Advertising	MON		\$600.00
3					
09 / 13 / 12	Doux Tropic 1055 NE 125th Street North Miami, FL 33161	Radio/ Advertising	MON		\$150.00
4					
09 / 13 / 12	Shalom Community Church 900 NE 132nd Street North Miami, FL 33161	Concert Book/ Advertising	MON		\$2,000.00
5					
///					
///					
///					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS



(1) Name Smith Joseph Campaign

(2) I.D. Number _____

(3) Cover Period 08 / 10 / 2012 through 09 / 14 / 2012

(4) Page _____ of _____

(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				
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