

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

(1) Dr. Smith Joseph
Name

(2) 2100 Sans Souci Blvd B706
Address (number and street)

Miami, FL 33181
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee

Committee of Continuous Existence

Party Executive Committee

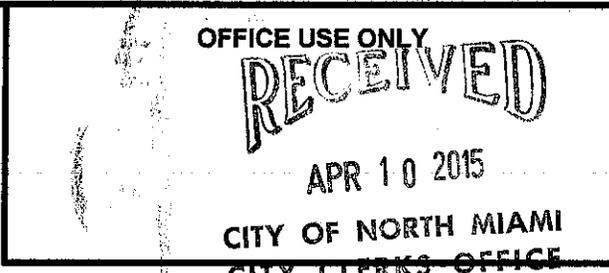
Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: _____



(5) REPORT IDENTIFIERS

Cover Period: From 03 / 01 / 2015 To 03 / 31 / 2015 Report Type 2015 M03

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 5,000.00

Total Monetary \$ 5,000.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 135.00

Transfers to Office Account \$ _____

Total Monetary \$ 135.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 5,000.00

(10) TOTAL Monetary Expenditures To Date
\$ 135.00

(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) Aland Pierre-Canel, CPA

Individual (only for electioneering commun) Treasurer Deputy Treasurer

X Aland Pierre-Canel
Signature

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

(Type name) Dr. Smith Joseph

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Campaign to re-elect Dr. Smith Jose (2) I.D. Number _____

(3) Cover Period 03 / 01 / 15 through 03 / 31 / 15 (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
03 / 06 / 15	Dr Smith Joseph 13377 W. Dixie Hwy N. Miami, FL 33161	P	Physicia n	LOA			5000.00
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APR 10 2015
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Campaign to re-elect Dr. Smith Joseph

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 15 through 03 / 31 / 15

(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					
03 / 27 / 15	ACH Webelect.Net 1256 Vinetree Dr Brandon, FL 33510	Data	MON		\$135.00
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