

**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

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

(4) Check appropriate box(es):

Candidate (office sought): \_\_\_\_\_

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 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) Patricia St-Vil Joseph

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) Dr. Smith Joseph

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

**X** \_\_\_\_\_  
Signature

OFFICE USE ONLY  
**RECEIVED**

APR 13 2015

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

**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 13 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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