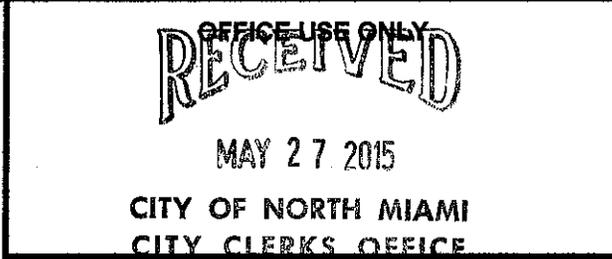


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**



(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): City of North Miami Mayor
- 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

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 2015 To 04 / 30 / 2015 Report Type 2015.M04
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>3,200.00</u>
Loans	\$	_____
Total Monetary	\$	<u>3,200.00</u>
In-Kind	\$	<u>3,000.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	_____
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 32,855.00

(10) TOTAL Monetary Expenditures To Date
\$ 14,260.00

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dr Smith Joseph Reelection Campaign (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2015 through 04 / 30 / 2015 (4) Page 1 of 2

(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							
04 / 09 / 15 57	Balls of Fire Paradise Academy, Inc 4200 NW 2 Ave Miami, FL 33127	B	Child Care	CHE		ADD	100.00
04 / 09 / 15 58	Church of Christ Redeemer, Inc 4314 NW 2 Ave Miami, FL 33127	B	Church	CHE		ADD	100.00
04 / 22 / 15 59	Greenspoon Marder 100 Cypress Creek Rd Suite 700 Fort Lauderdale, FL 33309	B	Law Firm	CHE		ADD	500.00
04 / 22 / 15 60	Ranley Desir, MD, P.A 7901 SW 57th Terrace, Miami, FL 33143	B	Medical	CHE		ADD	1,000.00
04 / 15 / 15 61	Angelo E. Gousse 3580 Paddock Rd Weston, FL 33331	B	Physici an	CHE		ADD	1,000.00
04 / 21 / 15 62	F POO L POO Info Requested	I	Info Request ed	CHE		ADD	500.00
04 / 30 / 15 63	Roger Rodriguez 12465 Keystone Island Dr. N. Miami, FL 33181	I	Entrepre neur	INK	Fundraisin g Food & Drinks	ADD	1,000.00
04 / 30 / 15 64	Miriam Rodriguez 12465 Keystone Island Dr. N. Miami, FL 33181	I	Entrepr eneur	INK	Fundraisin g Food & Drinks	ADD	1,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dr Smith Joseph Reelection Campaign (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2015 through 04 / 30 / 2015 (4) Page 2 of 2

(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
04 / 30 / 15	Edward Montgomery 2082 Laurel LN North Miami, FL 33181	I	Retired	INK	Fundraisin g Food & Drinks	ADD	1,000.00
65							
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