

**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

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 06 / 01 / 2015 To 07 / 31 / 2015 Report Type 2015 TR

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 \$ \_\_\_\_\_ 8,000.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 8,000.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 29,937.86

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 22,272.00

**(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]  
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 EXPENDITURES**

(1) Name Dr Smith Joseph Reelection Campaign

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 01 / 15 through 07 / 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					
07 / 31 / 15	Dr. Smith Joseph 2100 Sans-Souci Blvd #706 N. Miami, FL 33181	Loan Repayment-N. Miami Mayor	DIS		\$8,000.00
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AUG 12 2015  
CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

**RECEIVED**  
AUG 12 2015  
CITY OF NORTH MIAMI  
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