

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Campaign to re-elect Mayor Smith Joseph

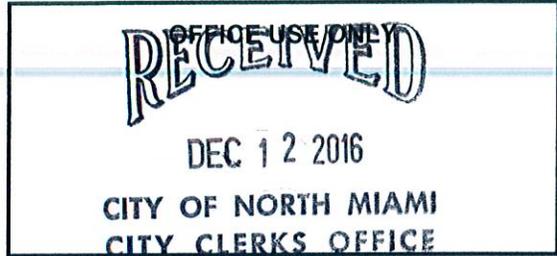
Name

(2) 13377 W. Dixie Hwy

Address (number and street)

N. Miami, FL 33181

City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11012016 / _____ To 11302016 / _____ Report Type: 16M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ 15,000.00 , _____ . _____

Total Monetary \$ 15,000.00 , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 0.00 , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 15,000.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0.00 , _____ , _____ . _____

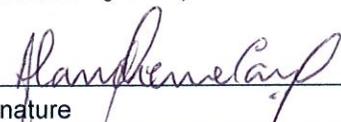
(11) Certification

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:

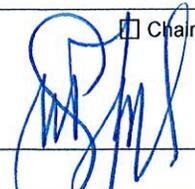
(Type name) Aland Pierre-Canel

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Dr. Smith Joseph

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Campaign to re-elect Mayor Smith Joseph _____

(2) I.D. Number _____

(3) Cover Period 11012016 / / through 11302016 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
11142016 / /	Dr. Smith Joseph 13377 W. Dixie Hwy N. Miami, FL 33161	P	Physician	LOA			15,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Campaign to re-elect Mayor Smith Joseph

(2) I.D. Number _____

(3) Cover Period 11012016 / _____ / _____ through 11302016 / _____ / _____

(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					
/ /					
/ /					
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