

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

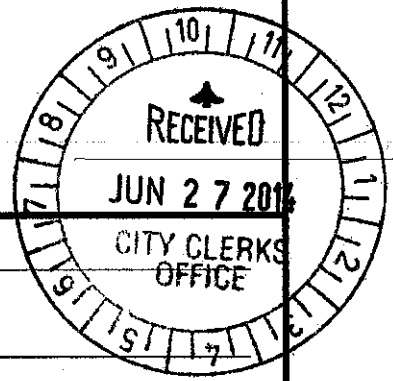
(1) Dr. Smith Joseph
Name

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

North Miami, FL 33181
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY



(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 / 2014 To 06 / 20 / 2014 Report Type 2014 P1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 20,000.00

Total Monetary \$ 20,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 10,528.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 10,528.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 20,000.00

(10) TOTAL Monetary Expenditures To Date
\$ 10,528.00

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

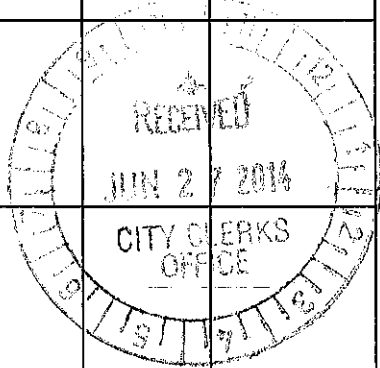
X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

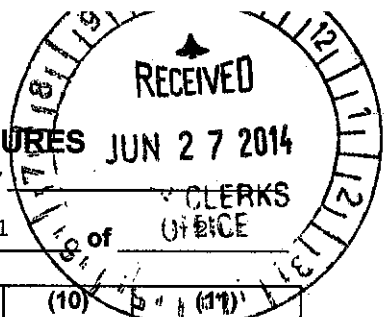
(1) Name Dr Smith Joseph (2) I.D. Number _____

(3) Cover Period 06 / 01 / 2014 through 06 / 20 / 2014 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
06 / 11 / 2014	Joseph, Smith 2100 Sans Souci Blvd #706 N. Miami, FL 33181	I	Physicia n	LOA			10,000.00
1							
06 / 18 / 2014	Joseph, Smith 2100 Sans Souci Blvd #706 N. Miami, FL 33181	I	Physici an	LOA			10,000.00
2							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES



(1) Name Dr. Smith Joseph

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2014 through 06 / 20 / 2014

(4) Page 1 of _____

(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
06 / 12 / 14 1	Dean B. Evans 2221 NE 164th St North Miami Beach, FL 33160	Rent	DIS		\$2,600.00
06 / 12 / 14 2	City of North Miami 776 NE 125 St Miami, FL 33161	Signage Bonds	DIS		\$250.00
06 / 12 / 14 3	Bazile Jean-Berthol 13170 NW 7 Ave North Miami, FL 33168	Media	DIS		\$600.00
6 / 13 / 14 4	Erole Emmanuel 75 NW 167th St North Miami Beach, Fl 33169	Media	DIS		\$1,500.00
6 / 17 / 14 5	1804 Web Solutions 2450 NE 135th St Miami, FL 33181	Website Hosting	DIS		\$198.00
6 / 17 / 14 6	City of North Miami 776 NE 125 St North Miami, FL 33161	Election Qualifying	DIS		\$2,400.00
6 / 17 / 14 7	Election Trust Fund 776 NE 125 St North Miami, FL 33161	Trust Fund Fee	DIS		\$480.00
6 / 20 / 14 8	Sinal Consulting Group 18800 NW 2 Ave Room 221 Miami, FL 33169	Consulting	DIS		\$2,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Smith Joseph

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2014 through 06 / 20 / 2014

(4) Page 2 of 2

(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					
6 / 20 / 14	Maxime Sylien 10400 NW 22 Ave Miami, FL 33147	Media	DIS		\$500.00
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