

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CNNB CITY CLERK'S OFFICE

14 NOV -3 PM 4:46

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I, Phyllis Smith,  
candidate for the office of Councilwoman Group III;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Phyllis Smith

Signature of Candidate

11/3/14

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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14 OCT 29 PM 3:27  
CANDIDATE CLERK'S OFFICE

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Phyllis S Smith

**3. Address** (include post office box or street, city, state, zip code)

3245 NE 167 ST  
No MIA BEH, FL 33160

**4. Telephone**

(305) 986 5222

**5. E-mail address**

SMITHBUZZ@GMAIL.COM

**6. Office sought** (include district, circuit, group number)

COUNCILWOMAN GROUP #3

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Phyllis S. Smith

**11. Mailing Address**

PO BOX 0520 N MIAMI BEH FL

**12. Telephone**

(305) 986 5222

**13. City**

N. MIA BEH

**14. County**

DADE

**15. State**

FL

**16. Zip Code**

33160

**17. E-mail address**

SMITHBUZZ@GMAIL.COM

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

SUNTRUST BANK

**20. Address**

1576 NE 163 ST

**21. City**

No MIA BEH

**22. County**

DADE

**23. State**

FL

**24. Zip Code**

33160

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

10/29/14

**26. Signature of Candidate**

X Phyllis S. Smith

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, PHYLLIS S. SMITH, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

10/29/14

Date

X Phyllis S. Smith

Signature of Campaign Treasurer or Deputy Treasurer

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith  
 Name  
 (2) 8245 NE 167 ST  
 Address (number and street)  
No MIA Bch, FL 33160  
 City, State, Zip Code

RECEIVED

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15 JAN -9 AM 11:46

CITY CLERK'S OFFICE

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Councilwoman city of N.M.B. Seat 3

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 12 / 01 / 14 To 12 / 31 / 14 Report Type: \_\_\_\_\_

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_

Loans                      \$ 18 \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

In-Kind                      \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_

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

Total Monetary      \$ \_\_\_\_\_

(8) Other Distributions

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

(9) TOTAL Monetary Contributions To Date

\$ 180 \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date

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

### (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) Phyllis Smith

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

Phyllis Smith  
 Signature

(Type name) Phyllis Smith

Candidate     Chairperson (only for PC and PTY)

Phyllis B. Smith  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Phyllis Smith (2) I.D. Number RECEIVED  
 (3) Cover Period 12 / 01 / 14 through 12 / 31 / 14 Page 9 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
/ /							
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/ /							
/ /							

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith  
Name

(2) PO Box 0520  
Address (number and street)

No Mia Beth, FL 33160  
City, State, Zip Code

15 DEBIBUS#02147  
CNMB CITY CLERK'S OFFICE

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Councilwoman City NMB Seat #3
- 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 11/1/15 To 11/31/15 Report Type: M1

- Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$3,500, 392, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_

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

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ 4072, \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

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

### (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) Phyllis Smith

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

Phyllis A. Smith  
Signature

(Type name) Phyllis Smith

Candidate  Chairperson (only for PC and PTY)

Phyllis Smith  
Signature