STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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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)

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

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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)	3. Address (include post office box or street, city, state, zip code)
Phyllis S Smith	3245 NE 167 ST No Mia Bch, FL 33160
4. Telephone: (305) 986 5222	5. E-mail address: SMITHBUZZ@G-MAIL.Com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Council/woman Group #3	☐ 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	12. Telephone
PO Box 0520 N Miami Bch FL	(305) 986 5222

13. City	14. County	15. State	16. Zip Code	17. E-mail address
N. Mia Bch	DADE	FL	33160	SMITHBUZZ@G-MAIL.Com

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

19. Name of Bank	20. Address
SunTrust BANK	1576 NE 163 ST

21. City	22. County	23. State	24. Zip Code
No Mia Bch	DADE	FL	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	26. Signature of Candidate
10/29/14	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) 3245 NE 167 ST
Address (number and street)
No Miami Bch, FL 33160
City, State, Zip Code

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☐ **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	$ 0 ___,___,___.___
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
x Phyllis Smith
Signature

(Type name) Phyllis Smith
☒ Candidate ☐ Chairperson (only for PC and PTY)
x Phyllis S. Smith
Signature

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number

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(3) Cover Period 12 / 01 / 14 through 12 / 31 / 14 (4) Page 15 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT SUMMARY

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CNMB CITY CLERK'S OFFICE

(1) Phyllis Smith
Name

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

No Mia Bch, Fl 33160
City, State, Zip Code

☐ **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 1 / 1 / 15 To 1 / 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

X Phyllis A. Smith
Signature

(Type name) Phyllis Smith

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Phyllis Smith
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith
Name

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

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

☐ **Check here if address has changed**

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CNMB CITY CLERK'S OFFICE

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Councilwoman City of No Mia Beach, 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 2/1/15 To 2/28/15 Report Type: R2

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$11,970.18
Loans	$
Total Monetary	$
In-Kind	$775.

(7) Expenditures This Report

Monetary Expenditures	$250.
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 4072.16042.18

(10) TOTAL Monetary Expenditures To Date

$ 0.250.

(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
X Phyllis J. Smith
Signature

(Type name) Phyllis Smith
☒ Candidate ☐ Chairperson (only for PC and PTY)
X Phyllis Smith
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PHYLLIS SMITH (2) I.D. Number _____

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 1 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	NANCY KEMPTON 3600 Mystic Pt Aventura, FL 33180	I	Retired	CHECK			200 -
2/19/15	MARINA PALMS RESIDENCES NORTH LLC 17201 Biscayne Blvd No Mia Bch, FL 33160	B	REAL ESTATE	CHECK			1000 -
2/19/15	MARINA PALMS REALTY, LLC 3101 So Ocean Dr #A1 Hollywood, FL 33019	B	REAL ESTATE	CHECK			1000 -
2/19/15	MARINA PALMS RESIDENCES South LLC 17201 Biscayne Blvd No Mia Bch, FL 33160	B	REAL ESTATE	CHECK			1000 -
2/19/15	BRANSTAR SERVICES 3100 NE 164 St No Mia Bch, FL 33160	B	CONST	CHECK			300 -
2/19/15	BER ENTERPRISES INC 449 1888 NDixie Hwy Miami FL 33162	B	SERVICE	CHECK			150 -
2/19/15	DBA SUAREZ LAW 2950 SW 27 Ave Miami FL 33133	B	LAWYER	CHECK			1000 -

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PHYLLIS SMITH (2) I.D. Number _____

(3) Cover Period 2 / 1 / 15 through 2 / 28 / 15 (4) Page 2 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	SETH LAVEY, PA 357 14651 Biscayne Blvd No Miami Bch, FL 33181	B	ATTORNEY	CK			100 —
2/19/15	FORD & DENN, PA 2875 NE 191 St #800 Aventura, FL 33180	B	LAW FIRM	CK			1000 —
2/19/15	CHARLES & PATRICIA ASARNOW 16449 NE 31 Ave No Miami Bch, FL 33160	I	RETIRED	CK			100 —
2/19/15	Maj ETHEL LIEBOWITZ 3000 MARCOS Dr #P AVENTURA, FL 33160	I	RETIRED MILITARY	CK			100 —
2/19/15	NEALE LAMBERTS 1911 NE 122 St No Miami Bch, FL 33160	I	SEMI RETIRED (BUSINESS)	CK			200 —
2/19/15	MAX & TAMMIE LEVINE 1275 NE 173 St No Miami Bch 33162	I	CAR WASH	CK			50 —
2/19/15	Robert TAYLOR 1951 NE 157 Terr No Miami Bch, FL 33162	I	RETIRED	CK			100 —

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith **(2) I.D. Number** _____

(3) Cover Period 2 / 1 / 15 through 2 / 28 / 15 **(4) Page** 3 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	CHARLES COOK 1980 NE 175 ST No Miami Bch, FL 33162	I	Retired	CK			25-
2/19/15	LISA DEPRIEST 120 NW 156 ST Mia, FL 33169	I	Business GIFT BASKET	CK			25-
2/19/15	DR STEVEN & SYLVIA DOMINGUS VANNI 3300 NE 171 ST No Miami Bch, FL 33160	I	Dr & wife	CK			100-
2/19/15	MICHAEL McDERMOTT 840 NE 127 ST No Mia, FL 33161	I	Community Relations	CK			100-
2/19/15	KEITH LONDON 613 Oleander Dr Hallandale, FL 33009	I	Comm	CK			100- 18
2/19/15	DR Janie Gauntlett 3440 NE 192 ST #M Aventura, FL 33160	F	Retired	CK			100-
2/19/15	Carol Keys 12550 Palm Rd No Mia, FL 33181	I	ATTY	CK			100-

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 2 / 1 / 15 through 2 / 28 / 15 (4) Page 4 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	DAVID MAGILLIGAN PA 2875 NE 191 ST Aventura FL 33160	I	ATTY	CK			500-
2/19/15	STANLEY & BARBARA PRICE 6000 ISLAND BLVD #507 Aventura, FL 33160	I	ATTY & WIFE	CK			500-
2/19/15	SAUL & FORTUNA SINKLER 3207 NE 168 ST No Miami Bch FL 33160	I	Security Business	CK			300-
2/19/15	DR JACK BERMAN 3733 NE 163 ST No Miami Bch FL 33160	B	DR	CK			250-
2/19/15	EITAN & SHARON ELTAREBY 2501 NE 206 LN Miami, FL 33180	I	OWN. DELI	CK			180-
2/19/15	SALLY HEYMAN 1050 NE 181 ST No Miami Bch, FL 33162	I	ATTY	CK			72-
2/19/15	William Dean 3225 NE 167 ST No Miami Bch, FL 33160	I	ATTY	CK			1000-

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 5 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	DANIEL FELDMAN 645 NE 127 ST No Mia, FL 33161	I	ART GALLERY	CK			100-
2/19/15	Robert & Ronni WHITEBOOK 2000 ISLAND BLVD #7 AVENTURA, FL 33160	I	WHOLESALER & WIFE	CK			500-
2/19/15	SIMON BARZALY 20735 NE 31 PL AVENTURA, FL 33180	I	INVESTOR	CK			250-
2/19/15	LUIS ZAYAS 11027 GARDEN RIDGE CT DAVIE, FL 33328	I	HEALTH CLINICS	CK			1000-
2/19/15	BONNIE NICHOLS 601 SW 70 TERR Pembroke Pines FL 33023	I	Administrator	CK			18-
2/19/15	JOHN J ENTERPRISES INC 8325 NE 2 AVE Miami, FL 33138	B	Trucking	CK			200-
2/19/15	NICHOLE MASRI 3225 NE 164 ST No Mia Bch, FL 33160	I	STUDENT	INK	Food & Drinks		350-

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 6 of 6

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/19/15	HATS OFF PARTY 2060 NE 208 St	B	EVENT PLANNERS	INK	BALOONS		65-
2/27/15	ISAAC + RIVA ACLION 16711 Collins Ave Sunny Isles, FL 33160	F	Comm + Wife	CK			250-
2/27/15	Helen Mittelman 5700 Collins Ave #701	I	ATTY	CK			50-
2/19/15	SUSIE SMITH PO Box 0520 No Miami Beach, FL 33160	I	Real Estate	INK	FOOD + STAMPS + INVITATION		250-
2/27/15	JEFFREY + TERRI SOLIN 264 SPARKWAY, E Golden Beach, FL 33160	I	ATTY	CK			50-
2/19/15	DR STACY ROSKIN 3225 NE 167 St No Miami Beach, FL 33160	F		INK	FOOD + PLACE		100-
/ /							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
2/27/15	City of No Mia Bch 17011 NE 19 Ave No Mia Bch, FL 33162	SIGN BOND	CK		250
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 2/1/15 through 2/28/15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
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15 MAR 13 PM 5:03
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith
Name

(2) 3245 NE 167 St
Address (number and street)
No Miami Beh, Fl 33160
City, State, Zip Code

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☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Councilwoman - Group #3, No Miami Beh, Fl
☐ 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 3 / 1 / 15 To 3 / 31 / 15 Report Type: R3

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$7,875
Loans	$
Total Monetary	$7,875
In-Kind	$100

(7) Expenditures This Report

Monetary Expenditures	$2237.57
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$ X

(9) TOTAL Monetary Contributions To Date

$ 4072, 16042.18, 23917.18

(10) TOTAL Monetary Expenditures To Date

$ 0, 250, 2487.52

(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
X Phyllis Smith
Signature

(Type name) Phyllis Smith
☒ Candidate ☐ Chairperson (only for PC and PTY)
X Phyllis Smith
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith Group 3 (2) I.D. Number _____

(3) Cover Period 3 / 1 / 15 through 3 / 31 / 15 (4) Page 1 of 4

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/9/15	FABIO & AMALIA NICK 3403 NE 166 ST No Miami Beh, FL 33160	I CK	STOCK BUSINESS	CK			100-
3/9/15	BERT KEITREN 3302 NE 171 ST No Miami Beh, FL 33160	I CK	Retired	CK			500-
3/9/15	MICHAEL & NEOMI DEZERTZOV 18001 Collins Ave Sunny Isles Beach, FL 33160	I CK	Builder	CK			1000-
3/9/15	FRANK & TIFFANY FONSECA 6901 SW 96 ST Pinecrest, FL 33156	I CK	Const. Foundations	CK			500-
3/9/15	GIL DEZERTZOV 18101 Collins Ave #4403 Sunny Isles Beach FL 33160	I CK	Construction	CK			500-
3/9/15	AUGUST CHIROPRACTIC INC 695 NE 126 ST No Mia, FL 33161	B	CHIROPRACTOR	CK			500-
3/9/15	DAVID & RAQUEL WELLS 254 POINCIANA ISL DR SUNNY Isles, FL 33160	I	RETIRED	CK			1,000-

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PHYLLIS SMITH, GROUP 3 (2) I.D. Number _____

(3) Cover Period 3 / 1 / 15 through 3 / 31 / 15 (4) Page 2 of 4

(5) Date / (6) Sequence Number	(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
3,9,15	SUSAN FRIED 1876 NE 197 TER NMiami, FL 33179	I	CONSULTANT	CK			500 -
3,26,15	LANCE DETOTTO 320 NE 12 AVE Apt 206 Hallandale Bch, FL 33009	I	MANAGER	CK			25 -
3,26,15	ERIC + JAMMY ISICOFF 3206 NE 168 ST N. MIA BCH, FL 33160	I	ATTY'S	CK			200 -
3,26,15	Robert + Roslyn Weisblum 1800 NE 196 TER Miami, FL 33179	I	ATTY	CK			100 -
3,26,15	KENNETH & EACH PAULA 13045 EMERALD DR #2 NoMia, FL 33181	I	Retired	CK			50 -
3,26,15	Custom Fitness of Miami, Inc 16570 NE 35 Ave N. MIA BCH, FL 33160	B	Fitness	CK			100 -
3,26,15	BRAHA DIXIE, LLC PO Box 267 Hallandale, FL 33008	B	Builders	CK			250 -

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PHYLLIS SMITH, GROUP 3 (2) I.D. Number

(3) Cover Period 3/1/15 through 3/31/15 (4) Page 3 of 4

(5) Date / (6) Sequence Number	(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
3/26/15	MACKEN REALTY 17071 W DIXIE HWY NO MIA BCH, FL 33160	B	Real Estate	CK			500
3/26/15	VCM Construction Inc 17071 W DIXIE Hwy NO MIA BCH FL 33160	B	Builders	CK			500
3/26/15	MTV 17017 LLC 17071 W DIXIE Hwy NO MIA BCH, FL 33160	B	Developers	CK			500
3/26/15	JAAL, LLC 17071 W DIXIE Hwy N. MIA BCH, FL 33160	B	INVESTOR	CK			500
3/26/15	165 STREET SHOPPING CENTER LLC 1060 E 33 ST HIALEAH, FL 33013	B	Property OWNERS	CK			100
3/26/15	DABECKSTEIN DCM DBA CLOVERLEAF CHIROPRACTIC CLINIC 177 NE 167 ST N MIA 33162	B	CHIROPRACTOR	CK			200
3/30/15	SUSANNAH SMITH POBOX 0520 N MIA BCH, FL 33160	I		INK	SIGN INSTALL.		100

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith, Group #3 **(2) I.D. Number** _____

(3) Cover Period 3 / 1 / 15 through 3 / 31 / 15 **(4) Page** 4 of 4

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3 / 26 / 15	MANNO FAMILY LIMITED PARTNERS 15173 NE 21 Ave N. Miami Bch, FL 33162	B	Real Estate				250 -
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name PHYLLIS SMITH, GROUP #3 (2) I.D. Number _____

(3) Cover Period 3/1/15 through 3/31/15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
3/18/15	North-South Promotions 1516 N Dixie ~~Highway~~ Hollywood FL 33020	SIGNS	CK		2087.57
3/24/15	City of North Miami Beach 17011 NE 19 Ave N. Mia Bch, FL 33160	Qualifying Fee	CK		150.-
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number

(3) Cover Period 3/1/15 through 3/31/15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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