

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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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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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

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

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

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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 (4) 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

Check here if address has changed

(3) ID Number: _____

15 DEB 6 US# 02147
CNMB CITY CLERK'S OFFICE

(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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith
 Name
 (2) P O Box 0520
 Address (number and street)
No MIA Beach, FL 33160
 City, State, Zip Code

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 15 MAR 13 PM 5:02
 CNMB CITY CLERK'S OFFICE

Check here if address has changed

(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) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 21 / 1 / 15 To 21 / 28 / 15 Report Type: R2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 11,970¹⁸

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ 975¹⁸

(7) Expenditures This Report

Monetary Expenditures \$ 250¹⁸

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 4072¹⁸, 16042¹⁸

(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

Phyllis P. Smith
 Signature

(Type name) PHYLLIS SMITH

Candidate Chairperson (only for PC and PTY)

Phyllis P. Smith
 Signature

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	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation	Type	Description		
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 PROPERTY, LLC 3101 So Ocean Dr (N/A) 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	BRANSTON Ser. Inc 3100 NE 164 St No Mia Bch, FL 33160	B	CONST	CHECK			1000-
2/19/15	BER ENTERPRISES INC 18380 W Dixie Hwy MIAMI FL 33160	B	SERVICE	CHECK			150-
2/19/15	DBASUAREZ LLC 2805 W 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	(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
2, 19, 15	SETH LAVELY, PA 14651 Bisc Blvd. No Miami Beach, FL 33181	B	ATTORNEY	CK			100-
2, 19, 15	FORD & DEMM, PA 2875 NE 191 ST Aventura, FL 33180	B	LAW FIRM	CK			1000-
2, 19, 15	CHARLES + PATRICIA ASARNOW 16449 NE 31 Ave No Miami Beach, FL 33160	I	RETIRED	CK			100-
2, 19, 15	Maj ETHEL LIEBOWITZ 3000 MARCOS DR AVENURA, FL 33160	I	RETIRED MILITARY	CK			100-
2, 19, 15	NETAL KARLYN LEBYS 1911 NE 72 ST No Miami Beach, FL 33160	I	SEMI RETIRED (BUSINESS)	CK			100-
2, 19, 15	MAX & TAMMIE LEVINE 1275 NE 73 ST No Miami Beach, FL 33162	I	CAR WASH	CK			50-
2, 19, 15	Robert TAYLOR 1951 NE 157 Ter No Miami Beach, FL 33162	I	RETIRED	CK			100-

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

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

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
2, 19, 15	CHARLES COOK 1980 NE 175 ST No Mia 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 Mia Bch, FL 33160	I	DR & wife	CK			100-
2, 19, 15	MICHAEL McDERMID 840 NE 127 ST No Mia, FL 33161	I	Community Relations	CK			100-
2, 19, 15	KEITH LINDON 613 Oleander Dr Nalanda, FL 33009	I	COMM	CK			100 ¹⁸ -
2, 19, 15	DR Janie GRANLETT 3440 NE 192 ST MM 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	(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	Amendment	Amount
2, 19, 15	DAVID MAGILLIANT 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 W.F.C	CK			500-
2, 19, 15	SAUL + FORTUNA SINKLER 3207 NE 168 ST No Mia Bch, Fl 33160	I	Security Business	CK			300-
2, 19, 15	DR JACK BERMAN 3733 NE 163 ST No Mia Bch, Fl 33160	B	DR	CK			250-
2, 19, 15	EITAN + SHARON BLTARBSY 2501 NE 206 LD MIAMI, FL 33180	I	BWN. DELI	CK			180-
2, 19, 15	SALLY HEYMAN 1050 NE 181 ST No Mia Bch, Fl 33160	I	ATTY	CK			72-
2, 19, 15	William DEAN 3225 NE 167 ST No M. # 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 1 15 through 2 28 15 (4) Page 5 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
2, 19, 15	DANIEL FELINE 645 NE 127 ST No. MIA, FL 33161	I	ART GALLERY	CK			100 ⁻
2, 19, 15	Robert & Rowan WHITEBOOK 2008 ISLAND BLVD AVENTURA, FL 33160	I	WHOLESMAN 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	Administrative	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 9225 NE 164 ST No. MIA. BEA, FL 33160	I	STUDENT	INK	Food & DRINKS		350 ⁻

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	(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
(6) Sequence Number		Type	Occupation	Type	Description		
2, 19, 15	HATS OFF PARTY 2060 NE 208 ST	B	EVENT PLANNERS	IN K	BALLOONS		65-
2, 27, 15	ISAAC + RIVA AELI ON 16711 COLLINS AVE SUNNY ISLES, FL 33160	F	Commy + WIFE	CK			250-
2, 27, 15	HELEN MITTELMAN 5700 COLLINS AVE 770	I	ATTY	CK			50-
2, 19, 15	SUSIE SMITH PO BOX 0520 NO MIA BEACH, FL 33160	I	REAL ESTATE	IN K	FOOD + STAMPS + INK + PAPER		250-
2, 27, 15	JEFFREY + TERRI 3011 N 264 SPARKWAY, E GOLDEN BEACH, FL 33160	I	ATTY	CK			50-
2, 19, 15	DR STACY ROSKIND 3225 NE 167 ST NO MIA BEACH, FL 33160	F		IN K	FOOD + PLACE		100-
1							

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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	(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 Ber 17011 NE 19 Ave No MIA Ber, FL 33162	SIGN BOND	CK		250
1/1					
1/1					
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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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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phyllis Smith
Name

(2) 3245 NE 167 ST
Address (number and street)

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

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CNMB CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Councilwoman - Group #3, No Mia 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 1 1 1 5 To 3 1 3 1 1 5 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 \$ 2,237⁵⁷, ____, ____, ____

Transfers to Office Account \$ ____, ____, ____, ____

Total Monetary \$ ____, ____, ____, ____

(8) Other Distributions
\$ X, ____, ____, ____

(9) TOTAL Monetary Contributions To Date
\$ 4072, 16042¹⁸, 23917¹⁸, ____

(10) TOTAL Monetary Expenditures To Date
\$ 0, 250, 2487⁵², ____

(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 Smith
Signature

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	(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	Amendment	Amount
3, 9, 15	FABIO & AMALIA NICK 3103 NE 166 ST No Miami Beach, FL 33160	I CK	SOCK BUSINESS	CK			100-
3, 9, 15	BERT KEITREN 3302 NE 171 ST No Miami Beach, FL 33160	I CK	Retired	CK			500-
3, 9, 15	MICHAEL & NEOMI DEBERTZOV 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	GIA DEBERTZOV 18101 Collins Ave #409 Sunny Isles Beach FL 33160	I CK	Construction	CK			500-
3, 9, 15	AUGUST CHIROPRACTIC INC 695 NE 126 ST No Miami, FL 33161	B	CHIROPRACTOR	CK			500-
3, 9, 15	DAVID & RAQUEL WELLS 254 Poinciana Trl Dr Bunny 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	(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	Amendment	Amount
3, 9, 15	SUSAN FRIED 1876 NE 197 TER MIAMI, FL 33179	I	CONSULTANT	CK			500-
3, 26, 15	LANCE DE TOTTO 320 NE 12 AVE Apt 206 Hallandale Beach, FL 33009	I	MANAGER	CK			25-
3, 26, 15	ERIC + JIMMY 151 COFF 3206 NE 168 ST N. MIAMI, 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 + FACH PAULA 13045 EMERALD OR # 2 No. Mia, FL 33181	I	Retired	CK			50-
3, 26, 15	Custom Fitness OF MIAMI, FL 16570 NE 35 AVE N. MIA BEACH, FL 33160	B	Fitness	CK			100-
3, 26, 15	BRANNA DIXIE, LLC PO BOX 267 Hallandale, FL 33008	B	Builders	CK			250-

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	(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		
3, 26, 15	MACKEN REMCY 17071 W DIXIE Hwy No. MIA Beach, FL 33160	B	Real Estate	CK			500-
3, 26, 15	VCM Construction INC 17071 W DIXIE Hwy No. MIA Beach, FL 33160	B	Builders	CK			500-
3, 26, 15	MTV 17017 LLC 17071 W DIXIE Hwy No. MIA Beach, FL 33160	B	Developers	CK			500-
3, 26, 15	JPAL, LLC 17071 W DIXIE Hwy No. MIA Beach, FL 33160	B	INVESTORS	CK			500-
3, 26, 15	165 STREET SHOPPING CENTER LLC 1060 E 83 ST HIALESTAD, FL 33013	B	Property OWNERS	CK			100-
3, 26, 15	DABECKSBERG DCA DCA CLOVERLEAF CHIROPRACTIC CLINIC 177 NE 167 ST 33162 N.M.B.	B	CHIROPRACTIC	CK			200-
3, 30, 15	SUSANNAH SMITH PO BOX 0520 N.M.A. Beach, FL 33160	I		INK	SIGN INSTALL.		100-

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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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 1 1 15 through 3 1 31 1 15 (4) Page 4 of 4

(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
(6) Sequence Number							
3,26,15	MANNO FAMILY LIMITED PARTNERS 15173 NE 21 AVE N. MIA BEACH, 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	(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 BEACH, 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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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) PHYLLIS SMITH
Name

(2) 3245 NE 167 ST
Address (number and street)

No MIA 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, Group 3, City of No MIA Bch
- 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 4/1/15 To 4/17/15 Report Type: R4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$8100, 8100

Loans \$ _____

Total Monetary \$8100

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 13,547.10

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date 15
\$ 4072, 16042, 23917 32,017

(10) TOTAL Monetary Expenditures To Date
\$ 0, 250, 2487.52 15,634.67

(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 Smith
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 4/1/15 through 4/17/15 (4) Page 1 of 3

(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	Amendment	Amount
4, 10, 15	DIANE & JOHN STEENSLAND 1500 DEERPATH RD DOTHAN, AL 36303	I	SPEECH THERAPIST	CK			500 ⁻
4, 10, 15	BARBARA Loli 3384 NE 167 ST NO MIAMI BEACH, FL 33160	I	ATTY	CK			350 ⁻
4, 10, 15	LAWRENCE PUCKETT, JR 19333 W Country Club DR AVENTURA, FL 33170	I	Retired	CK			250 ⁻
4, 10, 15	Jean + Bruce BICHAN 3325 NE 167 ST	I	Retired	CK			100 ⁻
4, 10, 15	REALTORS Political Activity Comm 200 MONROE ST TALLAHASSEE, FL 32301	B	Real Estate	CK			1000 ⁰⁰
4, 10, 15	REALTORS Political Advocacy Comm 7025 Augusta Nat'l DR ORLANDO, FL 32822	B	Real Estate	CK			1000 ⁰⁰
4, 10, 15	REALTORS Political Action Comm 200 MONROE ST TALLAHASSEE, FL 32301	B	Real Estate	CK			1000 ⁰⁰

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Phyllis Smith (2) I.D. Number _____
 (3) Cover Period 4/1/15 through 4/17/15 (4) Page 2 of 3

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
4, 10, 15	FEUER Family LTD PARTNERSHIP 3224 NE 167 ST No Mia Beach, FL 33160	I	Retired	CK			100-
4, 10, 15	BEIGHTLEY Myrick Hudell, PA 1255 West Atlantic Blvd, Suite 314	B	LAW	CK			500-
4, 10, 15	MAURRY HUDELL 3213 Matilda ST Miami, FL 33131	I	LAWYER	CK			500-
4, 10, 15	RONALD BOOK Operating Acct 18851 NE 29 Ave 33180 Suite Aventura, FL 1010	B		CK			1000-
4, 10, 15	AOR Partners, Inc 401 E Las Olas Blvd Ft Land, FL Suite 33301 1400	B	Investors	CK			1000-
4, 10, 15	BENEDICT KUEHNE Operating Acct 100 SE 2nd ST Suite 3550 MIAMI, FL 33131	B	ATTY	CK			200-
4, 10, 15	VICTOR DINTZMAN Operating Acct 1911 NE 164 ST No Mia Beach, FL 33162	B	ATTY	CK			250-

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 4/1/15 through 4/17/15 (4) Page 3 of 3

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
4, 10, 15	IVAN A SCHERTZER 16211 NE 18 Ave Suite 100 No MIA DCH FL 33162	B	ATTY	CK			100 ⁻
4, 10, 15	DR ABRAHAM ASSETT 3800 S Ocean Dr Suite 241 Hollywood, Fla 33019	B	DNIST	CK			200 ⁻
4, 10, 15	Piper Automotive & MARINE SERV. INC 1885 NE 149 St SUITE A 33181 N. MIA FL	B	Auto Repair	CK			50 ⁻
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Phyllis Smith (2) I.D. Number _____
 (3) Cover Period 4/1/15 through 4/17/15 (4) Page 1 of 3

(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
4/1/15	WEB.COM 12808 GRANBY PARKWAY West JACKSONVILLE, FL 32258	WEB SITE	DEBIT CARD		114 ⁹⁵ -
4/2/15	STRATEGIC CAMPAIGN CONSULTANTS 17524 ADVENTURE AVE North Bay Village, FL 33141	DATA	CK		600-
4/3/15	FIRST IMPRESSIONS 4655 ORANGE DR FT LAUD, FL 33314	SIGNS	CK		890 ⁴⁰ -
4/3/15	FAST SIGNS 15405 WEST DIXIE HWY North Miami, FL, 33181	Promotional	DEBIT CARD		315 ¹¹
4/6/15	OFFICE MAX 12255 DISCAYNE BLVD North Miami, FL 33181	Flyers	DEBIT CARD		59 ⁵⁰
4/9/15	Island TV 14879 NE 20 AVE No Miami, FL 33181	TV AIR TIME	CK		2000-
4/9/15	Nelson Voltaire 1055 NE 125 ST North Miami, FL 33161	Radio Time	CK		1280-
4/10/15	King & Queen 640 NE 149 ST Miami, FL 33161	RADIO TIME	CK		1,400-

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 4, 1, 15 through 4, 17, 15 (4) Page 2 of 3

(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
4/10/15	WLQY 1055 NE 125 ST North Miami, FL 33161	TAPE	CK		200 ⁻
4/13/15	MIAMI HERALD 3511 NW 91 AVE MIAMI, FL 33172	Ad	Debit CARD		994 ⁻
4/13/15	NAT'L Multiple Listing INC 6601 N ANDREWS AVE FT LAUD, FL 33309	MAILING	Debit CARD		887 ⁰³
4/13/15	OFFICE MAX 12255 Biscayne Blvd North Miami, FL 33181	Printing	DEBIT CARD		428 ⁸⁴
4/13/15	Global Solutions Agency 666 NE 125 ST Suite 243 North Miami, FL 33161	RADIO	CK		350 ⁻
4/13/15	HERTZ PULANO 1510 NE 162 ST No Mia Beach, FL 33162	RADIO	CK		250 ⁰²
4/13/15	OFFICE MAX 12255 BISCAYNE BLVD No Miami, FL 33181	FLYERS PAPER	DEBIT CARD		34 ²²
4/15/15	NAT'L Multiple Listing INC 6601 N ANDREWS AVE FT LAUD FL 33309	MAILINGS	DEBIT CARD		1920 ²¹

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Phyllis SMITH (2) I.D. Number _____
 (3) Cover Period 4, 1, 15 through 4, 17, 15 (4) Page 3 of 3

(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
4/15/15	Uptown Media SoFl 20295 NE 29 PL Suite Aventura, FL 33180 200	Magazine Ad	CK		190 ⁻
4/16/15	Nat'l Multiple Listings 6601 N ANDREWS AVE FT LAUD, FL 33309	MAILINGS	DEBIT CARD		686 ⁰²
4/16/15	FAST SIGNS 15405 West Dixie Hwy North Miami, FL 33181	PRINTING	DEBIT CARD		315 ¹²
4/16/15	VOLNEY NIRITTE P.O. BOX 611354 No MIA Bch, FL 33261	BEING IN PUBLIC	CK		100 ⁻
4/16/15	OFFICE DEPOT 1351 NE 163 ST No MIA Bch, FL 33162	COPIES	DEBIT CARD		21 ⁷⁷
4/16/15	OFFICE DEPOT 1351 NE 163 ST No MIA Bch, FL 33162	COPIES	DEBIT CARD		10 ⁷¹
4/17/15	PUBLIX 14641 DISCAYNE BLVD No MIA Bch, FL 33181	Food + Drink	DEBIT CARD		99 ⁴²
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Phyllis Smith

(2) I.D. Number _____

(3) Cover Period 4, 1, 15 through 4, 17, 15

(4) Page _____ of _____

(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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