

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

OFFICE USE ONLY
RECEIVED
 15 MAY 14 PM 12:43
 CNMB CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
 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 5 1 6 1 15 To 5 1 15 1 15 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 3225
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 470
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(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 Smith
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

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

| (5) Date | (6) Sequence Number | (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 | | | | |
| 5, 6, 15 | | Rudolfo Suenes 2950 SW 27 Ave Miami 33137 Suite 300 | B | ATTY | CK | | | 1000 ⁻ |
| 5, 10, 15 | | MARC KINDBINDER 3305 NE 165 St No Mia Beth, Fl 33160 | I | CPA | CA | | | 25 ⁻ |
| 5, 11, 15 | | SUSAN FRIED 1875 NE 197 St N.M.B., Fl 33179 | I | Activist | CK | | | 500 ⁻ |
| 5, 11, 15 | | RONALD Silver 2031 NE 209 St N.M.B., Fl 33179 | I | ATTY | CK | | | 500 ⁻ |
| 5, 11, 15 | | FROMBERG, PERROW KORNIA 20295 NE 29 Pl Aventura 200 Fl 33180 | B | ATTY | CK | | | 500 ⁻ |
| 5, 11, 15 | | ST FORTS Funeral Home 16480 NE 19 Ave N.M.B., Fl 33162 | B | Funeral | CK | | | 200 ⁻ |
| 5, 15, 15 | | 170 W Dupella 40 Brand Realty B 3840 N 38 Ave Hollywood, Fl 33121 | B | Investor | CK | | | 250 ⁻ |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

RECEIVED
15 MAY 14 PM 12:43
CNMB CITY CLERK

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

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

| (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 | | |
| 5, 15, 15 | PLAZA CENTRE Brantley LLC 3840 N 38 Ave Hollywood, FL 33021 | B | Investor | | | | 250- |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

RECEIVED
15 MAY 14 PM 12:43
CNMO CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 5, 6, 15 through 5, 15, 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 |
|-------------|--|--|----------------------------|-------------------|----------------|
| 5/12/15 | Miami Herald Miami FLA | Ad | Debit | | 470- |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |

RECEIVED
MAY 14 PM 12:43
CNMB CITY CLERK'S OFFICE