

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

(1) Michael J. Smuels  
Candidate, Committee or Party Name  
(2) 175 NW 1st Ave Suite 231  
Address (number and street)  
Miami, FL 33128  
City, State, Zip Code

**OFFICE USE ONLY**  
2005 SEP 27 PM 12:00  
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MIAMI-DADE  
ELECTIONS

(3) ID Number: N/A  
 Check box if address has changed  
(4) Check appropriate box(es):  
 Candidate (office sought): County Court Judge  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Check if PC has DISBANDED  
 Check if CCE has DISBANDED

**(5) REPORT IDENTIFIERS**  
Cover Period: From 7, 1, 05 To 9, 30, 05 Report Type Q3-05  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**  
Cash & Checks \$ \_\_\_\_\_  
Loans \$ 25,000-  
Total Monetary \$ \_\_\_\_\_  
In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**  
Monetary Expenditures \$ 400-  
Transfers to Office Account \$ \_\_\_\_\_  
Total Monetary \$ 400-

**(8) Other Distributions**  
\$ 0

**(9) TOTAL Monetary Contributions To Date**  
\$ 35,000-

**(10) TOTAL Monetary Expenditures To Date**  
\$ 400-

**(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.  
Marguerite Cruz Smuels  
Name of  Treasurer  Deputy Treasurer  
Marguerite Cruz Smuels  
Signature

I certify that I have examined this report and it is true, correct and complete.  
Michael J. Smuels  
Name of  Candidate  Chairman  
(PC/PTY Only)  
Michael J. Smuels  
Signature

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

(1) Name Michael J. Savels (2) I.D. Number N/A

(3) Cover Period 7/1/05 through 9/30/05 (4) Page 1 of 1

(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		
8/14/05	CAN didose	I	Judge	LOA			25,000
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael J. Sanyals (2) I.D. Number N/A  
 (3) Cover Period 7.1.05 through 9.30.05 (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
(6) Sequence Number					
9/2/05 1	Dade County Bar ASSN	MAILING LIST	MON		\$400
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