CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Josh Smith	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1156814]						
(2) 7060 NW 48th St.	Submitted on:						
Address (number and street) Jennings, FL 32053	6/11/2018 07:58:05 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 77						
(4) Check appropriate box(es):							
 Candidate Office Sought: County Commissioner District 2 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2018</u> To	5 / <u>31</u> / <u>2018</u> Report Type: <u>M5</u>						
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>80</u>						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , <u>1</u> . <u>80</u>						
	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,,000_	\$,, 80						
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>x</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Name(2) I.D. Number77					7	
	5/1/2018	5/31/2018					
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Paq	e 1	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				(Carrier)		
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Josh) EXPENDIT 2) I.D. Number	DITURES nber ⁷⁷			
(3) Cover Period	5/1/2018 /through_	5/31/2018 //	4) Page <u>1</u>	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
	SMITH, JOSH B 7060 NW 48TH ST JENNINGS, FL 32503	petitions	МО		\$1.80
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_/ /					
_/ /					
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