

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

(1) Michael Jackson Joseph

Name

(2) P.O.Box 381064

Address (number and street)

Miami, FL 33238

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) **Check appropriate box(es):**

Candidate (office sought): County Commission 03

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

ONLINE SUBMISSION
[1043481]

Submitted on:
8/15/2012 17:03:52 (eastern)

(3) **ID Number:** 1140

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2012 / 7/6/2012 / To 7/6/2012 / 7/6/2012 / Report Type F1-12

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) **Other Distributions**
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 11,075.00

(10) TOTAL Monetary Expenditures To Date

\$ 5,821.48

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Jackson Joseph (2) I.D. Number 1140

4/1/2012 7/6/2012

(3) Cover Period / / through / / (4) Page 1 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
6/15/2012 / /	Alfortune, Aline 12998 Miramar Parkway Miramar, Fl 33027	I	business owner	CH		Delete	\$500.00
1							
6/15/2012 / /	Alfortune, Aline 12998 Miramar Parkway Miramar, Fl 33027	I	health care provider	CH		Add	\$500.00
2							
6/26/2012 / /	Cherfilus, Edwin 4593 S.W. 132nd Ave. Miramar, Fl 33027	I	small bus. owner	CH		Delete	\$500.00
3							
6/26/2012 / /	Cherfilus, Edwin 4593 S.W. 132nd Ave. Miramar, Fl 33027	I	home health care ag.	CH		Add	\$500.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Jackson Joseph

(2) I.D. Number 1140

(3) Cover Period 4/1/2012 through 7/6/2012

(4) Page 1 of 0

(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					
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