

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

(1) Jean Joseph
Name
(2) P.O. BOX 381152
Address (number and street)
Miami, FL 33238
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1048065]
Submitted on:
10/20/2012 12:34:37 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1179

(4) Check appropriate box(es):
 Candidate (office sought): Community Council 08/At Large
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2012 / 9/3/2012 / To 9/3/2012 / Report Type TR-QC

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ 100.00
 Total Monetary \$ 100.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 100.00

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 100.00

(10) TOTAL Monetary Expenditures To Date
\$ 100.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jean Joseph (2) I.D. Number 1179

4/1/2012 through 9/3/2012

(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
6/2/2012 / /	Joseph, Jean P.O. 381152 Miami, FL 33238	S	candidate	LO			\$100.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jean Joseph

(2) I.D. Number 1179

(3) Cover Period 4/1/2012 through 9/3/2012

(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					
5/5/2012 //	Board of County Commissioners, 2700 NW 87th Ave Miami, Fl 33172	qualify fees	MO		\$100.00
1					
6/8/2012 //	Board of County Commissioners, 2700 NW 87th Ave Miami, Fl 33172	refund for qualifying fees.	RE		\$-100.00
2					
6/30/2012 //	Joseph, Jean P.O. Box 381152 Miami, Fl 33238	repayment of loan.	MO		\$100.00
3					
//					
//					
//					
//					
//					
//					