

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph E. Smith
Name

(2) 1639 B Laurel Leaf Ln.
Address (number and street)

Fort Pierce, FL 34950
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1139559]

Submitted on:
2/3/2017 22:11:53 (eastern)

Check here if address has changed

(3) ID Number: 265

(4) Check appropriate box(es):

- Candidate Office Sought: Clerk of the Circuit Court
- 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 11 / 4 / 2016 To 2 / 5 / 2017 Report Type: G-TR

Original Amendment Special Election 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 \$, 4 , 483 . 17

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 4 , 483 . 17

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 38 , 610 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 38 , 610 . 00

(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) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph E. Smith (2) I.D. Number 265

11/4/2016 through 2/5/2017

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph E. Smith

(2) I.D. Number 265

(3) Cover Period 11/4/2016 through 2/5/2017

(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					
2/1/2017 / /	Smith, Joseph E 1639B Laurel Leaf Ln. Fort Pierce, FL 34950	partial repayment of loan	MO		\$2,495.42
1					
11/7/2016 / /	Account Receivables, Inc., 314 Clematis Street #201 West Palm Beach, FL 33401	gotv	MO		\$2,237.75
2					
11/15/2016 / /	City of Port St. Lucie, 121 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984	return of sign bond	RE		\$-250.00
3					
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