

## 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**  
[1097413]

Submitted on:  
2/6/2016 08:15:24 (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 1 / 1 / 2016 To 1 / 31 / 2016 Report Type: M1

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 \$        , 1 , 375 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 375 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 12 , 425 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 10 , 362 . 47

### (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

1/1/2016 through 1/31/2016

(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 1/1/2016 through 1/31/2016

(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					
1/2/2016 //	Community Project Solutions, 125 SW 1st Avenue Delray Beach, FL 33435	consulting	MO		\$1,000.00
1					
1/2/2016 //	Feistman, Ben 1424 Pinecrest Pl. Orlando, FL 32806	web services	MO		\$350.00
2					
1/2/2016 //	Lincoln Park Main Street, 1234 Avenue D Fort Pierce, FL 34947	donation	MO		\$25.00
3					
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