

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert L. Joseph
 Name
 (2) P.O. Box 12751
 Address (number and street)
Fort Pierce, FL 34979-2751
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1095861]

Submitted on:
 1/7/2016 14:52:08 (eastern)

Check here if address has changed (3) ID Number: 274

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 2

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 12 / 1 / 2015 To 12 / 31 / 2015 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 15 . 00

Loans \$, , 60 . 00

Total Monetary \$, , 75 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 308 . 76

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 308 . 76

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 325 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 308 . 76

(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 Robert L. Joseph (2) I.D. Number 274

12/1/2015 through 12/31/2015

(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
12/10/2015 / /	Rosen, Donald 1173 SW Granadeer St Port Saint Lucie, FL 34983	I	retired	CA			\$15.00
1							
12/26/2015 / /	Roert, Joseph POBOX 12751 FORT PIERCE, FL 34979	I	entreprene LO ur				\$60.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert L. Joseph

(2) I.D. Number 274

(3) Cover Period 12/1/2015 through 12/31/2015

(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
12/16/2015 //	MASTER SOUVENIRS, 1974 NE 148 ST North Miami, FL 3181	invoice#4010 campaign t-shirt	MO		\$216.67
1					
12/26/2015 //	BEST BUY #558, 21035 Biscayne BLVD AVENTURA, FL 33180	check #0991 handset	MO		\$32.09
2					
12/26/2015 //	REMED PHARMACY, 10163 s us highway 1 Port St Lucie , FL 34952	campaign hone activation	MO		\$60.00
3					
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//					
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//					
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