

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
 [1113418]

Submitted on:
 7/15/2016 22:46:38 (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)

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 6 / 25 / 2016 To 7 / 8 / 2016 Report Type: P2

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 \$, , 100 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 100 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 715 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 382 . 15

(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

6/25/2016 through 7/8/2016

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert L. Joseph

(2) I.D. Number 274

(3) Cover Period 6/25/2016 through 7/8/2016

(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					
7/8/2016 //	CITY OF PORT ST LUCIE, 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	fee	MO		\$100.00
1					
//					
//					
//					
//					
//					
//					
//					