

## 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**  
 [1115099]

Submitted on:  
 7/28/2016 23:54:24 (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 7 / 9 / 2016 To 7 / 22 / 2016 Report Type: P3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 120 . 00

Loans \$        ,        , 500 . 00

Total Monetary \$        ,        , 620 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 3 , 335 . 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  
 (3) Cover Period 7/9/2016 through 7/22/2016 (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
(6) Sequence Number						
7/14/2016 / /	Robert, Joseph POBOX 12751 FORT PIERCE, FL 34979	I entrepreneur ur	LO			\$500.00
1						
7/19/2016 / /	Derilus, Jean 1466 SW Dow Ln Port St Lucie, FL 34953	I cook	CH			\$120.00
2						
/ /						
/ /						
/ /						
/ /						
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/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Robert L. Joseph

(2) I.D. Number 274

(3) Cover Period 7/9/2016 through 7/22/2016

(4) Page 1 of 0

(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					
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