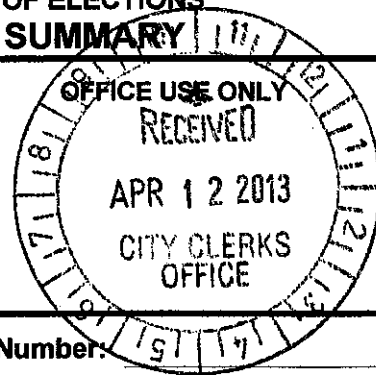


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**



(1) SMITH JOSEPH CAMPAIGN

Name

(2) 13222 W. DIXIE HWY

Address (number and street)

NORTH MIAMI, FL. 33161

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR - CITY OF NORTH MIAMI

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 2013 To 04 / 05 / 2013 Report Type Q1-

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 950.00

Loans \$ 30,000.00

Total Monetary \$ 30,950.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 11,229.56

Transfers to Office Account \$ 0.00

Total Monetary \$ 11,229.56

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 133,700.00

(10) TOTAL Monetary Expenditures To Date

\$ 109,326.64

(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) PAUL E. MANIGAT

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DR. SMITH JOSEPH

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

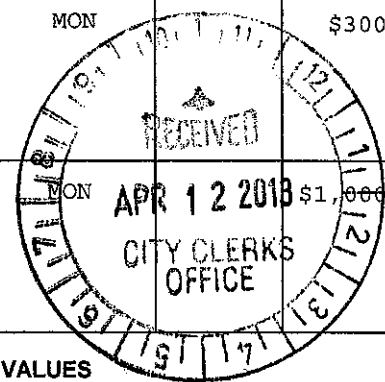
(1) Name SMITH JOSEPH CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2013 through 04 / 05 / 2013

(4) Page 1 of _____

(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					
04 / 01 / 13	E-GENIUS SOLUTIONS 1771 SW 22 TERR MIAMI, FL. 33145	POSTERS	MON		\$1,675.00
04 / 01 / 13	ELIE & INVESTMENT 13786 NE 11 AVE MIAMI, FL. 33161	APRIL RENT	MON		\$1,100.00
04 / 01 / 13	DODELINE DEMESIER 1590 NW 123 ST MIAMI, FL 33167	CANVASSING	MON		\$1,000.00
04 / 01 / 13	E-GENIUS SOLUTIONS 1771 SW 22 TERR. MIAMI, FL. 33145	CONSULTING	MON		\$1,000.00
04 / 01 / 13	MARLENE NICOLAS 1679 VENICE PARK DR. MIAMI, FL. 33161	CANVASSING	MON		\$500.00
04 / 02 / 13	SAINTILUS MONPREMIER 320 NE 135 ST. MIAMI, FL. 33161	ERRANTS/HANDY WORK	MON		\$200.00
04 / 02 / 13	CINZIA PIERRE 13166 SW 24 STREET MIRAMAR, FL. 33027	OFFICE WORK	MON		\$300.00
04 / 03 / 13	CARLY JEAN 19010 NE 10 AVE MIAMI, FL. 33162	ERRANTS/ CANVASSING	MON		\$1,000.00



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

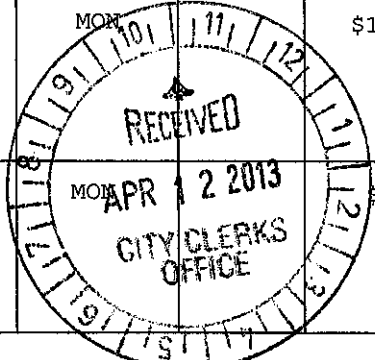
(1) Name SMITH JOSEPH CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2013 through 04 / 05 / 2013

(4) Page 2 of _____

(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					
04 / 03 / 13	SMITH CASSAMAJOR 745 NE 155 ST MIAMI, FL.	JINGLE PRODUCTION	MON		\$500.00
04 / 03 / 13	FPL MIAMI, FL	POWER	MON		\$101.31
04 / 04 / 13	EDGAR BRUNEAU 13115 NW 10 AVE NORTH MIAMI, FL. 33168	CONSULTING	MON		\$700.00
04 / 04 / 13	COUNTRYWIDE MARKETING 8801 BISCAYNE BLVD. #105 MIAMI, FL	CONSULTING	MON		\$2,000.00
04 / 04 / 13	ANTENNE L'INDEPENDANCE 1055 NE 126 ST N. MIAMI, FL. 33161	RADIO TIME (1320 AM) SUBRENT 2 SHOWS	MON		\$500.00
04 / 05 / 13	COMCAST CABLE P.O. BOX 530099 ATLANTA, GA. 30353	CABLE INTERNET	MON		\$461.25
04 / 05 / 13	STRANGE FORBES	CANVASSING	MON		\$112.00
04 / 05 / 13	JOHANNA JEUDY	CANVASSING			\$80.00



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SMITH JOSEPH CAMPAIGN (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2013 through 04 / 05 / 2013 (4) Page _____ of _____

(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
04 / 04 / 13	ALAN PIERRE-CANEL 12794 W DIXIE HWY N.MIAMI, FL 33161		CPA	CHECK			\$250.00
04 / 04 / 13	SOLUTION ELECTRIC 760 PENNSYLVANIA AVE. FT. LAUD. 33312		ELECTRI CIAN	CHECK			\$200.00
04 / 04 / 13	SMITH JOSEPH, DO, PA 13377 W. DIXIE HWY N. MIAMI, FL. 33161		DOCTOR	CHECK			\$30,000
04 / 04 / 13	JEAN R. MACAJOUX, DDS 8555 NE 2 AVE MIAMI, FL. 33138		DENTIST	CHECK			\$500.00
/ /							
/ /							
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