CAMPAIGN TREASURER'S REPORT SUMMARY

(1) William JOSEPH
Name

(2) 1717 3rd Ave N # 12
Address (number and street)

Lake Worth, FL 33460
City, State, Zip Code

OFFICE USE ONLY
PAID
NOV 14 2016
BY: .....

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Commission District 2
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 10 / 01 / 16 To 10 / 31 / 16 Report Type: M 10

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 100 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 63 . 60
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 63 . 60

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , ___ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 63 . 60

(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) William Joseph
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) William Joseph
☒ Candidate ☐ Chairperson (only for PC and PTY)

X _____
Signature

SEE REVERSE FOR INSTRUCTIONS

PAID
NOV 1 4 2016
BY:

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name William Joseph (2) I.D. Number

(3) Cover Period 10 / 01 / 16 through 10 / 31 / 16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
10 / 19 / 16 1	C.L. Clarke Nancy C. Clarke Clifford Clarke 665 Dixie HWY W.P.B. FL 33415	1	CHE			DEL	100.00
10 / 19 / 16 2	Clifford Clarke 665 Dixie W.P.B. FL 33415	1		CHE		Add	100.00
/ / 							
/ / 							
/ / 							
/ / 							
/ / 							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAID
NOV 1 4 2016
BY: .....

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name William JOSEPH (2) I.D. Number

(3) Cover Period 10/01/16 through 10/31/16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
10/05/16 / 1	The Lake Worth Herald 1313 Central Terrace Lake Worth, FL 33460	Business Cards	MON	Add	63.60
10/06/16	the Lakeworth Herald, 1313 Central Terrace Lakeworth, FL 33460-	service charge Printing	Printing	DEL	63.60
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES