

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

(1) HERBY JOSEPH
Name
(2) 270 NE 175th St Miami Beach Florida
Address (number and street)
North MIAMI Beach Florida 33162
City, State, Zip Code

RECEIVED
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07 APR 13 AM 9:39
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): CITY COUNCIL GROUP 7
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 03/19/07 To 04/06/07 Report Type 03
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1100⁰⁰
 Loans \$ _____
 Total Monetary \$ 1100⁰⁰
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 646.90
 Transfers to Office Account \$ _____
 Total Monetary \$ 646.90

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 1100⁰⁰

(10) TOTAL Monetary Expenditures To Date
 \$ 646.90

(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.

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

(Type name) Herby JOSEPH
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Herby JOSEPH
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name HERBY JOSEPH (2) I.D. Number _____

(3) Cover Period 03/19/07 through 04/06/07 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|---------------------------|---|--------------------|--------------------|---------------------|-----------------|-------------------|---------------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | Type | Description | | |
| 03/19/07 | HERBY JOSEPH 270 NE 175 TH ST MIAMI FL 33132 | I | INSURANCE AGENT | CAS | | | 1100. ⁰⁰ |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name HERBY JOSEPH

(2) I.D. Number _____

(3) Cover Period 03/19/07 through 04/06/07

(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 | | | | | |
| 03/19/07 1 | CITY OF NORTH MIAMI BEACH 17011 NE 19TH AVE NMB FL 33162 | QUALIFYING FEE | MON | | 150. ⁰⁰ |
| 03/19/07 2 | CITY OF NORTH MIAMI BEACH 17011 NE 19TH AVE NMB FL. 33162 | POLITICAL SIGN BOND (LOAN) | MON | | 200. ⁰⁰ |
| 04/03/07 3 | UNIQUE ART 8323 NE 2ND AVE MIAMI FL. 33137 | T-SHIRTS | MON | | 296. ⁹⁰ |
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4/27/07 Incomplete

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

(1) HERBY JOSEPH
Name
(2) 270 NE 175TH street
Address (number and street)
North MIAMI BEACH FL. 33162
City, State, Zip Code

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07 APR 27 PM 4: 58
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): North MIAM BEACH CITY COUNCIL GROUP 7
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04/07/07 To 04/26/07 Report Type GA
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ 1053.10
Loans \$ _____
Total Monetary \$ _____
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 826.
Transfers to Office Account \$ _____
Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date \$ _____

(10) TOTAL Monetary Expenditures To Date \$ _____

(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) HERBY JOSEPH
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.
(Type name) Herby JOSEPH
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X [Signature]
Signature

4/27/07 Incomplete

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name HERBY JOSEPH (2) I.D. Number _____

(3) Cover Period 04 10 107 through 04 26 107 (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 | | Type | Occupation | Type | Description | | Amount |
| 04 17 107 1 | EDITH CANGE 270 NE 175TH North MIAMI BEACH FL. 33162 | | USHER | CAS | | | \$375 ⁰⁰ |
| 04 18 107 2 | PIERRE PROPHETE, 265 NE 175TH ST MIAMI, FL. 33162 | | PLUMBER | CHE | | | 50 ⁰⁰ |
| 04 18 107 3 | MARK LEVASSOR 1070 NE 167TH ST N.M.B FL. 33162 | | MANAGER | CHE | | | \$100 ⁰⁰ |
| 04 20 107 4 | FORTOLUS JEAN 127 81 WEST DIXIE MIAMI, FL. 33162 | | COOK | CHE | | | \$50 ⁰⁰ |
| 04 20 107 5 | RENEE JEAN 1070 NE 167TH ST NMB FL. 33162 | | HANDY MAN | CHE | | | \$20 ⁰⁰ |
| 04 20 107 6 | MARK LEVASSOR JR 1070 NE 167TH ST N.M.B FL. 33162 | | STUDENT | CAS | | | \$5 ⁰⁰ |
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| 1 1 | | | | | | | |

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name HERBY JOSEPH

(2) I.D. Number _____

(3) Cover Period 04/07/07 through 04/26/07

(4) Page 1 of 01

| (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 |
|---------------|--|--|----------------------------|-------------------|--------------------|
| 04/18/07 1 | SIGN DEPOT ORLAND FL. | SIGN | | | 468.60 |
| 04/18/07 2 | SERGIO'S PRINTING 13984 SW 139 th MIAMI FL. | FLIERS | | | 358. ⁰⁰ |
| 1/1 | | | | | |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

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07 APR 30 PM 12: 19
CNMB CITY CLERK'S OFFICE

(1) HERBY JOSEPH
Name
(2) 270 NE 175TH street
Address (number and street)
North MIAMI BEACH FL. 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): North MIAMI BEACH CITY COUNCIL GROUP ?
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 07 / 07 To 04 / 26 / 07 Report Type G4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 600.00
 Loans \$ 0
 Total Monetary \$ 600.00
 In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 826.60
 Transfers to Office Account \$ 0
 Total Monetary \$ 826.60

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
 \$ 1700.00

(10) TOTAL Monetary Expenditures To Date
 \$ 1473.50

(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.

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

(Type name) HERBY JOSEPH
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) HERBY JOSEPH
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name HERBY JOSEPH (2) I.D. Number _____

(3) Cover Period 04/07/07 through 04/26/07 (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 | | Type | Occupation | Type | Description | | |
| 04,17,07 1 | EDITH CANO 270 NE 175 th ST N.M.B FL. 33162 | I | USHER | CAS | | | \$375. ⁰⁰ |
| 04,22,07 2 | Pierre Proppete 265 NE 175 th ST N.M.B. FL. 33162 | | PLUMBER | CHE | | ADD | \$50. ⁰⁰ |
| 04,22,07 3 | JEAN CLAUDE Fortin 1251 NE 108 th ST MIAMI FL. 33161 | | COOK | CHECK | | ADD | \$50. ⁰⁰ |
| 04,22,07 4 | RENEL PRODHOMME 990 NE 169 th APT 201 N.M.B FL. 33162 | | HANDY MAN | CHECK | | ADD | \$20. ⁰⁰ |
| 04,22,07 5 | MARK LEVASSEUR 1070 NE 167 th ST N.M.B FL. 33162 | I | STUDENT MANAGER M.S. | CAS | | | \$5. ⁰⁰ |
| 04,22,07 6 | MARK LEVASSEUR 1070 NE 167 th ST N.M.B. FL. 33162 | | MANAGER | CHE | | | \$100 |
| 1 1 | | | | | | | |
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1473.50

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

(1) Herby JOSEPH
Name

(2) 270 NE 175th street
Address (number and street)

N MIAMI BEACH FL. 33162
City, State, Zip Code

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CAMD CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY COUNCIL GROUP 7

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 04/27/07 To 07/25/07 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.⁰⁰

Loans \$ 0

Total Monetary \$ 200.⁰⁰

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 426.50.⁰⁰

Transfers to Office Account \$ 0

Total Monetary \$ 426.50

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1900

(10) TOTAL Monetary Expenditures To Date
\$ 1900.⁰⁰

(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) HERBY JOSEPH

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) HERBY JOSEPH

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Herby JOSEPH (2) I.D. Number _____

(3) Cover Period 07 127 07 through 07 25 07 (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 | | | | | | | |
| 07 124 07 1 | CITY OF North MIAMI BEACH 17011 NE 19 TH AVE MIAMI FL. 33162 | | | REF | LOA | | \$200 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name HERBY JOSEPH

(2) I.D. Number _____

(3) Cover Period 04/21/07 through 07/25/07

(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 |
|---------------|--|--|----------------------------|-------------------|--------------------|
| 05/24/07 1 | MARC LEVASSOR 1070 NE 167 TH ST NMB FL. 33162 | CAMPAIGN WORKER ↑ | CAMPAIGN WORKER MON | | 150.45 |
| 07/25/07 2 | Herby JOSEPH 270 NE 175 TH MIAMI FL. 33162 | LOAN REPAYMENT | LOAN REPAYMENT MON | | 276. ⁰⁵ |
| 1/1 | | | MON | | |
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