

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

**RECEIVED  
OFFICE USE ONLY  
10 OCT 29 AM 10:47**

(1) Andre D. Joyce  
**Name**

(2) 1526 N.W. 58 Terrace  
**Address (number and street)**

Miami, FL 33142

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 158

(4) Check appropriate box(es):

Candidate (office sought): Commissioner - District 5

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 10 / 16 / 10 To 10 / 29 / 10 Report Type M4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 50.00

Loans \$ 0.00

Total Monetary \$ 50.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 25.56

Transfers to Office Account \$ 0.00

Total Monetary \$ 25.56

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,575.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,361.93

**(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) Bobby McGahee  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Bobby McGahee  
Signature

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

(Type name) Andre D. Joyce  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Andre D. Joyce  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Andre D. Joyce (2) I.D. Number 158

(3) Cover Period 10 / 16 / 10 through 10 / 29 / 10 (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
10 / 25 / 10	Croskey, Luvernice 1610 N.W. 170 Ter. Miami, FL 33169	I	Mental Health Director	Che			\$50.00
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