

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

RECEIVED
OFFICE USE ONLY
2009 DEC 11 PM 12:44
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

(1) MANUEL RICHARDSON
Name

(2) 2093 S W 1st ST
Address (number and street)

MIAMI FLORIDA 33135
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY OF MIAMI COMMISSIONER DISTRICT 1

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 DEC / 02 / 2009 To DEC / 04 / 2009 Report Type SG4

Original

Amendment

Special Election Report

Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 700.00

Loans \$ 700.00

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 682.00

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 1,400.00

(10) TOTAL Monetary Expenditures To Date

\$ 682.00

(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) JUAN E. RAMIREZ

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) MANUEL RICHARDSON

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MANUEL RICHARDSON (2) I.D. Number _____

(3) Cover Period 12 / 02 / 2009 through 12 / 04 / 2009 (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
12 / 03 / 2009 <i>562601</i>	MANUEL RICHARDSON 2442 N W 29 ST MIAMI FL 33142	L	INSURAN CE AGENT	CHE			700.00
12 / 03 / 2009 <i>562602</i>	RAFAEL MOREL 3399 N W 72 AVE STE 209-A MIAMI FL 33122	I	ACCOUNT ANT	CH			100.00
12 / 04 / 2009 <i>562603</i>	DOM. AMERICAN EMPOWERMENT POLITICAL COUNCIL 2828 N W 17 AV MIAMI FL 33142	I	POLITIC AL ORGANIZ ATION	CH			500.00
12 / 03 / 2009 <i>562604</i>	JULIO E. MARTINEZ 9999 N E 2 AVE MIAMI SHORES FL 33138	I	BUILDIN G MANAGER	CH			100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MANUEL RICHARDSON

(2) I.D. Number _____

(3) Cover Period 12 / 02 / 2009 through 12 / 04 / 2009

(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
12 / 02 / 09	CITY OF MIAMI CLERK 3500 PAN AMERICAN DR MIAMI FL 33233	CANDIDATE REGISTRATION	CH		\$682.00

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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name MANUEL RICHARDSON

(2) I.D. Number _____

(3) Cover Period 12 / 02 / 09 through 12 / 04 / 09

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
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