

**MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR  
POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS,  
501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES**

OFFICE USE ONLY

**Name**

Manuel (Manolo) Reyes

**Address (number and street)**

5301 SW 7 Street

**City, State, Zip Code**

Miami, FL 33134

CHECK IF ADDRESS HAS CHANGED

RECEIVED  
2018 OCT 11 AM 8:55  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

**Filing as:**

Elected Official

Office: City of Miami Commissioner District 4

Miami-Dade County Candidate

Office: \_\_\_\_\_

Municipal Candidate

*(Name of Municipality)*

Office: \_\_\_\_\_

**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. **(SECTION APPLICABLE TO CANDIDATES ONLY)**

(Type name) \_\_\_\_\_

Treasurer

Deputy Treasurer

**X**

Signature

10/10/18

Date

I certify that I have examined this report and it is true, correct, and complete. **(FOR BOTH ELECTED OFFICIALS AND CANDIDATES)**

(Type name) \_\_\_\_\_

Elected Official

Candidate

**X**

Signature

10/10/18

Date

