

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

(1) Manolo Reyes Campaign
Name

(2) 5301 SW 7 Street
Address (number and street)

Miami, FL 33134
City, State, Zip Code

OFFICE USE ONLY
2009 APR 21 PM 2:00
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Commissioner City of Miami, District 4
- 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 01 / 01 / 09 To 03 / 31 / 09 Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 18,295.00

Loans \$ 0.00

Total Monetary \$ 18,295.00

In-Kind \$ 250.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 7,244.41

Transfers to Office Account \$ 0.00

Total Monetary \$ 7,244.41

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 49,945.00

(10) TOTAL Monetary Expenditures To Date
\$ 15,553.58

(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) Meily Cruz

Individual (only for electioneering commun) Treasurer Deputy Treasurer

X Meily Cruz
Signature

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

(Type name) Manolo Reyes

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

X Manolo Reyes
Signature

FIRST AMENDMENT
TO REPORT FOR PERIOD
FROM 1/1/9 TO 3/31/9

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Manolo Reyes Campaign (2) I.D. Number _____

(3) Cover Period 01 / 01 / 09 through 03 / 31 / 09 (4) Page 7 of 7

(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		
03 / 30 / 09	National Public Adjusters	B	Public Adjusters	CHE		DEL	500.00
043							
03 / 30 / 09	National Public Adjusters 2219 SW 9 Ave. Miami, FL 33129	B	Public Adjusters	CHE		ADD	500.00
043							
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RECEIVED
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 RISCILLA A THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

FIRST AMENDMENT
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