

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

(1) MANUEL RICHARDSON
Name

(2) 2093 SW FIRST STREET
Address (number and street)

MIAMI, FLORIDA 33135
City, State, Zip Code

OFFICE USE ONLY
2010 SEP 20 AM 11:37

FRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From JULY / 1 / 2010 To 09 / 10 / 2010 Report Type M1-10

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 682.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 750.00

(10) TOTAL Monetary Expenditures To Date

\$ 682.00

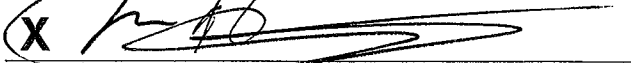
(11) CERTIFICATION

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)

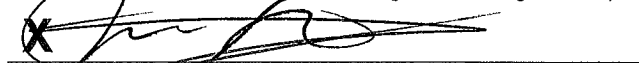
Individual (only for electioneering commun.) Treasurer Deputy Treasurer


Signature

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

(Type name)

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


Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MANUEL RICHARDSON

(2) I.D. Number _____

(3) Cover Period JULY / 01 / 2010 through SEPT / 10 / 2010

(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					
08 / 21 / 20	CITY OF MIAMI CLERK 3500 PAN AMERICAN DR. MIAMI, FLORIDA 33233	CANDIDATE REGISTRATION	CK		\$682.00
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 MANUEL RICHARDSON
 CLERK
 CITY OF MIAMI

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 / 01 / 2010 through 09 / 10 / 2010 (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							
08 / 18 / 2010	MANUEL RICHARDSON 2442 NW 29TH STREET MIAMI FL 33142	I	INS. AGENT	CAS			500.00
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name MANUEL RICHARDSON

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2010 through 09 / 10 / 2010

(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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