

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

2010 OFFICE USE ONLY

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

(1) MANUEL RICHARDSON
Name

(2) 2093 SW FIRST STREET
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 DIST # 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 09 / 11 / 2010 To 09 / 24 / 2010 Report Type M2-1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 430.00

Loans \$ 1,000.00

Total Monetary \$ 1,430.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 481.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 481.50

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,180.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,163.50

(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.

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]
Signature

(Type name)

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 09 / 11 / 2010 through 09 / 24 / 2010 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
09 / 17 / 2010	NESTOR MORILLO 2828 NW 17 AVE MIAMI, FL 33142	I	INS. AGENT	CHECK			200.00
005							
09 / 17 / 2010	JUAN RAMIREZ 19651 NW 29TH PL MIAMI FL 33015	I	ACC	CHECK			200.00
006							
09 / 23 / 2010	MANUEL RICHARDSON 2442 NW 29TH STREET MIAMI FL 33142	L	INS AGENT	CHECK			1000.00
007							
03 / 23 / 2010	BLOCKBUSTER INSURANCE 2828 NW 17TH AVE MIAMI, FL 33142	B	INS AGENCY	CHECK			30.00
008							
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 CITY OF MIAMI, FL

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MANUEL RICHARSON CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 09 / 11 / 2010 through 09 / 24 / 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					
09 / 21 / 10	LF SIGN CORP 2430 NW 36TH STREET MIAMI FL 33142	PRINTING			\$481.50
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 09 / 11 / 2010 through 09 / 24 / 2010 (4) Page 0 of 0

(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) Related Expenditures	(10) Amendment	(11) Amount
(6) Sequence Number					
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name MANUEL RICHARDSON CAMPAING

(2) I.D. Number _____

(3) Cover Period 09 / 11 / 10 through 09 / 24 / 10

(4) Page 0 of 0

(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					
/ /	NOTHING TO REPORT ON THIS FORM.				
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