

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

**RECEIVED**  
2010 JUL 14 AM 11:17

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 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 04 / 01 / 2010 To 06 / 30 / 2010 Report Type Q2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 250.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 250.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0.00

**(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) MANUEL RICHARDSON

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 04 / 01 / 2010 through 06 / 30 / 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
04 / 01 / 2010	MANUEL RICHARDSON 2442 NW 29TH STREET MIAMI, FL 33142	I	INS. AGENT	CHE			50
001							
04 / 28 / 2010	MIKE SUAREZ 5201 NW 7 STREET # 410 MIAMI FL 33126	I	BOND PERSON	MO			100
002							
06 / 28 / 2010	RAMON DIPLAN 2491 W HIALEAH FLORIDA 33016	I	TILE SETTER	CHE			100
003							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 2010 through 06 / 30 / 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
/ /	NOTHING TO REPORT				
/ /					
/ /					
/ /					
/ /					
/ /				PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL	RECEIVED 2010 JUL 14 AM 11:17
/ /					
/ /					

**CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS**

(1) Name MANUEL RICHARDSON

(2) I.D. Number 04/01/

(3) Cover Period 04 01 2010 through 06 01 2011  
04/01/2010 through 06/01/2010

(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					
/ /	NOTHING TO REPORT				
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