FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Mame (2) 897/ SW CO Terrace Address (number and street) MAM' 33/73 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee	2006 NoHFIGE USE VINEY MIAMI-DADE ELECTIONS (3) ID Number: Solution CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED				
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT IDENTIFIERS Cover Period: From 09 10/ 12006 To 12 104 12006 Report Type 72F-06 Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 4/85./6 Transfers to Office Account \$ Total Monetary \$ 4/185./6				
	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$ 305.00	(10) TOTAL Monetary Expenditures To Date \$ <u>30,305.0</u>				
(11) CERTIFICATION					
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for Treasurer Deputy Treasurer electioneering commun.)	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & election cering commun. organization) Signature				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Manny Anan JR. (2) I.D. Number iod 09 101 1206 through 12 104 1206 (4) Page / of /						
(3) Cover Perio	od <u>09</u> 1 <u>01</u> 1 <u>20</u>	through 12	10412	04 (4) Pag	je	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(1) Name (2) I.D. Number _____ (3) Cover Period 09 161 2006 through 12 104 , 2006 (4) Page (8) (9) (10)(11) (7) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type candidate) City, State, Zip Code Amendment Amount Number Stamps DIS

Banking Faces
Assessed into 1 DIS

Partial to Represent DIS

g Loan

DIS 215 OCEAN BANK 780 NW 42rd Avenue MAN FC 33/26 11 129/06 MANNY Anon JR eggl SU Got Fer M. Am; FL 33173