

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

(1) Miguel A. Martinez
Name
 (2) 2004 SW 143 Place
Address (number and street)
Miami, FL 33175-8071
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1018568]
 Submitted on:
 7/19/2010 11:52:34 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 809

(4) **Check appropriate box(es):**
 Candidate (office sought): Community Council 10/106
 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 4/1/2010 To 7/16/2010 Report Type F1-10
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,244.00
 Loans \$ 500.00
 Total Monetary \$ 1,744.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 100.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 1,744.00

(10) TOTAL Monetary Expenditures To Date
 \$ 100.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miguel A. Martinez (2) I.D. Number 809
 4/1/2010 through 7/16/2010
 (3) Cover Period / / through / / (4) Page 1 of 2

(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				
6/11/2010 / /	MARTINEZ, MIGUEL A. 2004 S.W. 143 PLACE MIAMI, FL 33175-8071	I	candidate	LO			\$500.00
1							
6/25/2010 / /	Solis, Manuel 1825 Ponce de Leon Boulevard Coral Gables, FL 33134	I	doctor	CH			\$106.00
2							
6/25/2010 / /	Cabrera, Marcos 15503 SW 24th Terrace Miami, FL 33185	I	firefighter	CH			\$106.00
3							
6/25/2010 / /	Lopez, Mario 15503 SW 24th Terrace Miami, FL 33185	I	personal trainer	CH			\$106.00
4							
6/28/2010 / /	Martinez, Daniel 455 Grand Bay Drive Key Biscayne, FL 33149	I	doctor	CH			\$106.00
5							
6/28/2010 / /	Menendez, David 1 Lincoln Road Miami Beach, FL 33139	I	doctor	CH			\$106.00
6							
6/30/2010 / /	Arroyo, Moises 5941 SW 157 Place Miami, FL 33193	I	police officer	CH			\$106.00
7							
7/7/2010 / /	Arroyo, Mateo 5941 SW 157 Place Miami, FL 33193	I	teacher	CH			\$106.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miguel A. Martinez (2) I.D. Number 809

(3) Cover Period 4/1/2010 through 7/16/2010 (4) Page 2 of 2

(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	Amendment	Amount
7/7/2010 / /	Lopez, Diego 1975 South State Street Ann Arbor, MI 48109	I	student	CH			\$106.00
9							
7/8/2010 / /	Cabrera, Douglas 1975 South State Street Ann Arbor, MI 48109	I	student	CH			\$106.00
10							
7/15/2010 / /	Martinez, Daniel 455 Grand Bay Drive Key Biscayne, FL 33149	I	doctor	CH			\$145.00
11							
7/15/2010 / /	Menendez, David 1 Lincoln Road Miami Beach, FL 33139	I	doctor	CH			\$145.00
12							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miguel A. Martinez

(2) I.D. Number 809

(3) Cover Period 4/1/2010 through 7/16/2010

(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					
6/14/2010 //	County Commissioner, Board of 2700 N.W. 87th Avenue Doral, FL 33172	qualifying fee	MO		\$100.00
1					
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