

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

(1) Manny Machado  
**Name**

(2) P.O. BOX 960907  
**Address (number and street)**

Miami, FL 33296  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

**Candidate (office sought):** County Commission 11

**Political Committee**

**Committee of Continuous Existence**

**Party Executive Committee**

**Electioneering Communication**

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1051271]

Submitted on:  
1/7/2013 13:15:32 (eastern)

(3) **ID Number:** 1110

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/13/2012 To 11/1/2012 Report Type G4-12

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

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**

\$ 92,170.00

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

\$ 86,295.22

**(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.

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(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**  
\_\_\_\_\_  
Signature

(Type name)

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

**X**  
\_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Manny Machado (2) I.D. Number 1110

10/13/2012 through 11/1/2012

(3) Cover Period    /    /    through    /    /    (4) Page 1 of 0

(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
/    /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Manny Machado

(2) I.D. Number 1110

(3) Cover Period 10/13/2012 through 11/1/2012

(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					
11/1/2012 / /	Dade County PBS, 10690 NW 25th Street Miami, Fl 33172	reim. of excess contribution	MO	Delete	\$500.00
1					
11/1/2012 / /	Dade County PBS, 10690 NW 25th Street Miami, Fl 33172	reim. of excess contribution	MO	Add	\$500.00
2					
/ /					
/ /					
/ /					
/ /					
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