CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Manuel (Manolo) E. Reyes	OFFICE USE ONLY								
78 1	Name	ONLINE SUBMISSION [1292550]								
(2)	5301 SW 7th Street	Submitted on:								
	Address (number and street) Miami, FL 33134	2/8/2023 16:43:25 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 80								
(4)	Check appropriate box(es):									
	 \[
	(5) Report	Identifiers								
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2023}$ To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 000	Total Monetary \$, 1 ,965 . 00								
In-Ki	and \$,,,000									
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date \$,12 ,00000	(10) TOTAL Monetary Expenditures To Date \$, 2 , _ 196 14								
(T	(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) Individual (only for IE									
<u>X</u>		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Manuel (Manolo) E.	Reyes			2) I.D. Numbe	er8	10
	1/1/2023		1	/31/2023		1	. 0
(3) Cover Peri	od///	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	ACT COLOR DE LA CO	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
j j							
I I							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Manuel	(Manolo) E.	Reyes			 (2) I.D. Nur	nber	8	30	
		1/1/202	3		1/31/20	23		-			
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/10/2023	GEMRT CPA, 2600 S Douglas Road Suite 800 Coral Gables, FL 33134	accounting and reporting services	МО		\$750.00
1/18/2023	Apex Strategies, 10305 SW 42nd Street Miami, FL 33165	fundraiser consulting	МО		\$1,200.00
1/31/2023	Ocean Bank, 780 NW 42nd Avenue Suite 900 Coral Gables, FL 33134	service charge	МО		\$15.00
//					
_//					
//					
//					
DS-DE 14 (Rev					