COUNTY COMMISSIONER, COMMUNITY COUNCIL, SUBMIT SIGNED COPY TO ELECTIONS AT CAMPAIGNS@MIAMIDADE.GOV





MIAMI-DADE COUNTY ELECTIONS DEPARTMENT REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS, 501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES

| Elected Official's or Candidate's Name Annette Taddeo | OFFICE USE ONLY | | | | | |
|---|---|--|--|--|--|--|
| Address (number and street) 1742 W Flagler Street | PECTON STATE OF THE CELL | | | | | |
| City, State, Zip Code Miami, FL 33135 | | | | | | |
| ☐ CHECK IF ADDRESS HAS CHANGED | | | | | | |
| Filing as: | | | | | | |
| ☐ Elected Official Office: | | | | | | |
| Miami-Dade County Candidate Circuit Office: Miami-Dade Clerk of Court and Comptroller | | | | | | |
| Municipal Candidate | (Name of Municipality) | | | | | |
| Office: | | | | | | |
| CERTIF | FICATION | | | | | |
| | son 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. (SECTION APPLICABLE TO CANDIDATES ONLY) | I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES) | | | | | |
| (Type name) | (Type name) | | | | | |
| x Madtic | X | | | | | |
| Signature | Signature | | | | | |
| 2/1/2024 | <u>2/1/2024</u> | | | | | |
| Date | Date | | | | | |

REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR COUNTY POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS, 501(C)(4) ORGANIZATIONS AND POLITICAL PARTIES

This report must be filed by Miami-Dade County and Municipal Elected Officers and Candidates to publicly disclose their fundraising activities for Political Committees, Electioneering Communications Organizations, 501(C)(4) Organizations and Political Parties within five days (includes weekends and holidays) of commencing solicitation activities, either directly or indirectly, on behalf of said organization(s).

| Official's or Candidate's Name | Annette Tadeo I.D. Number | | | |
|--------------------------------------|---|--|--|--|
| Page | 1 of 1 (Only for County Candida | | | |
| (3) Row Number | (4) Name of PC, ECO, 501(c)(4) Organization or Political Party | (5) PC, ECO, 501(c)(4) Organization or Political Party | (6) Description of Relationship between Candidate/Officer and PC, ECO, 501(c)(4) Organization or Political Party | (7) Date solicitation activities started |
| 1 | Accountable Miami-Dade | PC | Support | 2/1/2024 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 202 | |
| | | | | T |
| | | | 7.5 J | |
| | | | 26 <u>2</u> | Ti. |
| | | | | ending. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |