



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

<p>Elected Official's or Candidate's Name <u>Commissioner Eileen Higgins</u></p> <p>Address (number and street) <u>2929 SW 3 Ave Suite 220</u></p> <p>City, State, Zip Code <u>Miami, FL 33129</u></p> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p align="center">OFFICE USE ONLY</p> <p align="center">RECEIVED MIAMI-DADE ELECTIONS 2019 MAR - 1 AM 8:56</p>
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Filing as:

Elected Official
Office: County Commissioner, District 5

Miami-Dade County Candidate
Office: County Commissioner District 5

Municipal Candidate _____
(Name of Municipality)
Office: _____

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. (SECTION APPLICABLE TO CANDIDATES ONLY)</p> <p>Maria Kuhn (Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <hr/> <p>X <u><i>Maria Kuhn</i></u> Signature</p> <p><u>March 1, 2019</u> Date</p>	<p>I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES)</p> <p>Eileen Higgins (Type name) <input checked="" type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <hr/> <p>X <u><i>Eileen Higgins</i></u> Signature</p> <p><u>March 1, 2019</u> Date</p>
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