

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
Sybrina Fulton

Address (number and street)
16190 NW 27th Ave

City, State, Zip Code
Miami, Fl. 33054

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

RECEIVED
2019 MAY 31 PM 12:15
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Filing as:

Elected Official

Office: _____

Miami-Dade County Candidate

Office: Miami Dade County Commissioner District 1

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.)

I certify that I have examined this report and it is true, correct, and complete. (SECTION APPLICABLE TO CANDIDATES ONLY)

(Type name) Treasurer Deputy Treasurer

Signature

5-28-2019

Date

I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES)

(Type name) Elected Official Candidate

Signature

Sybrina Fulton
5-28-2019

Date

