

**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 Robert Asencio</p> <hr/> <p>Address (number and street) P.O. Box 941142</p> <hr/> <p>City, State, Zip Code Miami, FL 33184</p> <hr/> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p>OFFICE USE ONLY</p> <p style="font-size: 2em; transform: rotate(90deg);">RECEIVED</p> <p style="font-size: 1.2em; transform: rotate(90deg);">2019 OCT 22 AM 9:44</p> <p style="font-size: 0.8em; transform: rotate(90deg);">MIAMI-DADE COUNTY ELECTIONS DEPARTMENT</p>
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Filing as:

Elected Official
Office: _____

Miami-Dade County Candidate
Office: County Commissioner, District 11

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)**
GLORIA MAGGIOLO
(Type name) Treasurer Deputy Treasurer

X *G. Maggilo*
Signature

10/20/19
Date

I certify that I have examined this report and it is true, correct, and complete. **(FOR BOTH ELECTED OFFICIALS AND CANDIDATES)**
ROBERT ASENCIO
(Type name) Elected Official Candidate

X *R. Asencio*
Signature

10/20/19
Date

