



**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 ESTEBAN L. BOVO, JR.</p> <hr/> <p>Address (number and street) 2600 SOUTH DOUGLAS ROAD, SUITE 900</p> <hr/> <p>City, State, Zip Code CORAL GABLES, FL 33134</p> <hr/> <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 OCT - 1 AM 10:34</p>
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Filing as:

Elected Official
 Office: _____

Miami-Dade County Candidate
 Office: MIAMI-DADE COUNTY MAYOR

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>JOSE A. RIESCO (Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <hr/> <p>X _____ Signature</p> <hr/> <p>10/01/19 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>ESTEBAN L. BOVO, JR. (Type name) <input type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <hr/> <p>X _____ Signature</p> <hr/> <p>10/1/19 Date</p>
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