

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

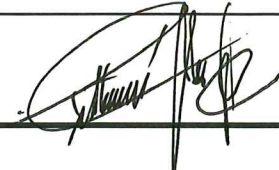
<p>Elected Official's or Candidate's Name JOSAPHAT JOE CELESTIN</p> <hr/> <p>Address (number and street) 396 NW 159 ST</p> <hr/> <p>City, State, Zip Code MIAMI FLORIDA 33169</p> <hr/> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p align="center">OFFICE USE ONLY</p> <div style="text-align: right; font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="text-align: right; font-size: 1.2em; font-weight: bold; color: blue;">2022 JUL 14 PM 3:16</div> <div style="text-align: right; font-size: 0.8em; font-weight: bold; color: blue;">MIAMI-DADE COUNTY ELECTIONS DEPARTMENT</div>
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Filing as:

Elected Official
Office: _____

Miami-Dade County Candidate
Office: MIAMI DADE COUNTY COMMISSIONER DISTRICT 2

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>(Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <hr/> <p>X <u>MARK Heron</u> Signature</p> <p><u>06-30-2022</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>(Type name) <input type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <hr/> <p>X <u></u> Signature</p> <p><u>06-30-2022</u> Date</p>



REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR 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).

(1) Elected Official's or Candidate's Name JOSAPHAT JOE CELESTIN I.D. Number _____
 (2) Page 2 of 2 (Only for County Candidates)

(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	FLORIDIANS FOR STRONG FAMILLIES	▼	ADVOCATES ON BEHALF OF THE ORGANIZATION	6/30/22

RECEIVED
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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES