



Reset Form

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

<p><b>Elected Official's or Candidate's Name</b> <u>Luisa Santos</u></p> <p><b>Address (number and street)</b> <u>2929 SW 3rd Ave Suite 220</u></p> <p><b>City, State, Zip Code</b> <u>MIAMI, FL 33129</u></p> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p>OFFICE USE ONLY</p> <p>RECEIVED 2019 DEC 17 AM 11:05 MIAMI-DADE ELECTIONS</p>
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**Filing as:**

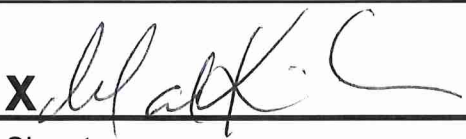

Elected Official  
Office: \_\_\_\_\_

Miami-Dade County Candidate  
Office: School Board District 9

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> <p><u>X</u>  Signature</p> <p><u>12/11/2019</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>(Type name) <input type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <p><u>X</u>  Signature</p> <p><u>12/11/19</u> Date</p>
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