



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

OFFICE USE ONLY

Elected Official's or Candidate's Name

Luisa Santos

Address (number and street)

2929 SW 3rd Ave Suite 220

City, State, Zip Code

MIAMI, FL 33129

☐ CHECK IF ADDRESS HAS CHANGED

RECEIVED
2019 DEC 17 AM 11:05
MIAMI-DADE
ELECTIONS

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.)

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

X [Signature]
Signature

12/11/2019
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

X [Signature]
Signature

12/11/19
Date

