



MUNICIPAL OFFICIALS AND CANDIDATES: SUBMIT FORM TO CITY CLERK

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

Reset Form

OFFICE USE ONLY

Elected Official's or Candidate's Name

JOE A. MARTINEZ

Address (number and street)

2600 SOUTH DOUGLAS ROAD, SUITE 900

City, State, Zip Code

CORAL GABLES, FL 33134

CHECK IF ADDRESS HAS CHANGED

2020 JAN - 7 PM 4: 54  
MIAMI-DADE  
ELECTIONS

RECEIVED

Filing as:

Elected Official

Office: \_\_\_\_\_

Miami-Dade County Candidate

Office: MIAMI-DADE 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)

JOSE A. RIESCO

(Type name)

Treasurer

Deputy Treasurer

X   
Signature

1/7/2020  
Date

I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES)

JOE A. MARTINEZ

(Type name)

Elected Official

Candidate

X   
Signature

1/7/2020  
Date

