



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

Elected Official's or Candidate's Name

Mr. Wallace Aristide

Address (number and street)

3600 S. State Rd 7 Suite 38

City, State, Zip Code

Miramar FL, 33023

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Filing as:

☐ Elected Official

Office: _____

☒ Miami-Dade County Candidate

Office: Commisioner 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.)

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

Mr. Len Johnson

X Mr. Len Johnson

Signature

12/9/21

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

Mr. Wallace Aristide

X Mr. Wallace Aristide

Signature

12/9/21

Date

MIAMI-DADE
COUNTY

(1) Elected

I.D. Number 2466

(Only for County Candidates)

[illegible]

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ELECTIONS DEPARTMENT