

**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 PHILIPPE BIEN-AIME</p> <hr/> <p>Address (number and street) 70 NE 134th Street</p> <hr/> <p>City, State, Zip Code North Miami , FL , 33161</p> <hr/> <p><input checked="" type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p align="center">OFFICE USE ONLY</p> <div style="text-align: right; font-size: small; color: blue;"> <p>RECEIVED 2021 NOV -4 PM 12:29 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT</p> </div>
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Filing as:

Elected Official
Office: _____

Miami-Dade County Candidate
Office: MIAMI-DADE COUNTY COMMISSION 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><i>Handwritten Signature</i></u> Signature</p> <p><u>10/29/2021</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>PHILIPPE BIEN-AIME</p> <p>(Type name) <input type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <hr/> <p>X <u><i>Handwritten Signature</i></u> Signature</p> <p><u>10/29/2021</u> Date</p>

