



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 KEON HARDEMON	OFFICE USE ONLY RECEIVED 2024 APR 11 PM 4:36 MIAMI-DADE ELECTIONS
Address (number and street) EXEMPT PER FL STATUTE	
City, State, Zip Code EXEMPT PER FL STATUTE	
<input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED	

Filing as:

Elected Official
Office: MIAMI-DADE BOARD OF COUNTY COMMISSIONERS - DISTRICT 3

Miami-Dade County Candidate
Office: _____

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)	I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES)
(Type name) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer	(Type name) <input checked="" type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate
X _____ Signature	X _____ Signature
_____ Date	APRIL 7, 2024 _____ Date

