

**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

Name

Ralph Rosado

Address (number and street)

1800 Coral Way, PO Box 452521

City, State, Zip Code

Miami, FL 33245

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CITY OF MIAMI

Filing as:

Elected Official

Office: _____

Miami-Dade County Candidate

Office: _____

Municipal Candidate City of Miami

(Name of Municipality)

Office: City Commission, District #4

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, CPA

(Type name) Treasurer Deputy Treasurer

X

Signature

6/16/17

Date

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

Ralph Rosado

(Type name) Elected Official Candidate

X

Signature

6/16/17

Date

