	COUNTY				
MIAMI-DADE COUNTY ELECTIONS DEPARTMENT REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS, 501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES					
Name Joe CAROLLO	OFFICE USE ONLY				
Address (number and street)	RECEIV				
City, State, Zip Code	ECEIVED				
CHECK IF ADDRESS HAS CHANGED					
Filing as:					
Office:					
Miami-Dade County Candidate Office:					
Municipal Candidate City of MiAMI					
Office: CITY COMMISSIONER, DISTRICT 3					
	ICATION				
It is a first degree misdemeanor for any per- l certify that I have examined this report and it is true,	son to falsify a public record (ss. 839.13, F.S.)				
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) Treasurer Deputy Treasurer	(Type name) Elected Official Candidate				
<u>X</u>	x pe Carollo				
Signature	Signature				
Date	Date				

## REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS, 501(C)(4) ORGANIZATIONS AND POLITICAL PARTIES

MIAMIDADE

This report must be filed by Miami-Dade County and Municipal Elected Officers and Candidates to publicly disclose their fundraising activities for Political Committees, Electioneering Communications Organizations, 501(C)(4) Organizations and Political Parties within five days of commencing solicitation activities, either directly or indirectly, on behalf of said organization(s).

(1) Name	JOE CAROLL	I.D. Number/A		
(2) Page	of		(Only for C	County Candidates)
(3) Row Number	(4) Name of PC, ECO, 501(c)(4) Organization or Political Party	(5) PC, ECO, 501(c)(4) Organization or Political Party	(6) Description of Relationship between Candidate/Officer and PC, ECO, 501(c)(4) Organization or Political Party	(7) Date solicitation activities started
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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