

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

DAMIAN J. PARDO

Address (number and street)

P.O. BOX 451137

City, State, Zip Code

MIAMI, FL 33245

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

RECEIVED
2024 OCT -9 PM 12:01
OFFICE OF THE CLERK
CITY OF MIAMI

Filing as:

☒ Elected Official

Office: CITY OF MIAMI COMMISSIONER DISTRICT 2

☐ 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)

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

Date

10/7/2024

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

X

Signature

Date

10/9/24

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