

**MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR
POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS,
501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES**

Name

Zoraida A Barreiro

Address (number and street)

2101 SW 4 Avenue

City, State, Zip Code

Miami, FL, 33129

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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 3

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.

Anibal Duarte-Viera

(Type name)

☐

Treasurer

☐

Deputy Treasurer

X

Signature

3/1/17

Date

I certify that I have examined this report and it is true, correct, and complete.

Zoraida A Barreiro

(Type name)

☐

Elected Official

☐

Candidate

X

Signature

3/1/17

Date

