

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

<p><b>Name</b> Zoraida A Barreiro</p> <p><b>Address (number and street)</b> 2101 SW 4 Avenue</p> <p><b>City, State, Zip Code</b> Miami, FL, 33129</p> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p align="center"><b>OFFICE USE ONLY</b></p> <p align="center">RECEIVED 2017 MAR 15 PM 1:02 OFFICE OF THE CITY CLERK CITY OF MIAMI</p>
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**Filing as:**

☐ Elected Official  
Office: \_\_\_\_\_

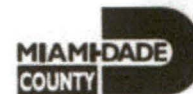
☐ Miami-Dade County Candidate  
Office: \_\_\_\_\_

☒ Municipal Candidate City of Miami  
(Name of Municipality)  
Office: City Commission, District 3

<b>CERTIFICATION</b>	
<b>It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)</b>	
<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>Anibal Duarte-Viera (Type name) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____ Signature 3/1/17 Date</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>Zoraida A Barreiro (Type name) <input type="checkbox"/> Elected Official <input type="checkbox"/> Candidate</p> <p><b>X</b> _____ Signature 3/1/17 Date</p>



- Amendment



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REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR  
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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

☐ CHECK IF ADDRESS HAS CHANGED

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RECEIVED  
2017 JUL 10 PM 3:47  
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CITY OF MIAMI

Filing as:

☐ Elected Official

Office: \_\_\_\_\_

☐ Miami-Dade County Candidate

Office: \_\_\_\_\_

☒ Municipal Candidate City of Miami

Office: Commissioner, District 3 (Name of Municipality)

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)  
Anibal Duarte-Viera

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

03-01-2017

Date

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

(Type name) ☐ Elected Official ☒ Candidate

X

Signature

03-01-2017

Date

