



Reset Form

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

Brenda Betancourt

Address (number and street)

1436 SW 6th Street

City, State, Zip Code

Miami, FL 33135

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

RECEIVED
2025 SEP -3 AM 10:29
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Filing as:

☐ Elected Official

Office: _____

☐ Miami-Dade County Candidate

Office: _____

☒ Municipal Candidate City of Miami

BB

(Name of Municipality)

Office: City Commissioner, 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. (SECTION APPLICABLE TO CANDIDATES ONLY)

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X [Signature]
Signature

9/3/2025
Date

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

Brenda Betancourt

(Type name)

☐ Elected Official

☒ Candidate

X [Signature]
Signature

9/3/25
Date



(1) Elected
Official's or
Candidate's
Name Brenda Betancourt I.D. Number _____
(Only for County Candidates)

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MD-ED 28 (Rev. 3/29/18)