



**MIAMI-DADE COUNTY
CONTRIBUTIONS LIST FOR APPLICATION FOR
ELECTION CAMPAIGN FINANCING TRUST FUND**

PLEASE PRINT CLEARLY AND USE BLUE INK

Office <input type="checkbox"/> Miami-Dade County Mayor <input type="checkbox"/> Miami-Dade County Commissioner District # _____	Office Use Only Audited By: _____ Audit Date: _____	Audit Results:
Name of Candidate (First Name, Middle Initial, Last Name)		

I Certify that I have examined this report and it is true, correct and complete. _____ Signature of Candidate	I Certify that I have examined this report and it is true, correct and complete. _____ Signature of Treasurer
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Item No.		Date Received		<input type="checkbox"/> Individual or	
				<input type="checkbox"/> Business	
Date of Birth		Voter's Registration #		Type:	Personal Check – PCK Bus. Check – BCK Travel Ck – TC Elec. Trans – ET
Check No.		Amount of Contribution			
Name of Individual or Business					
Address of Individual or Business					
Specific Occupation					
Name of Person Executing the Company Check and Title (If Applicable)					
Bus. Occupational License/Permit or license issue by a Gov. Entity/Income or Property Tax Returns or Notices					

Contributor's Signature

IMPORTANT NOTE: All contributions must also be reported on the applicable Campaign Treasurer's Report in accordance with established reporting dates per Florida Statute 106.07.