

REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR
POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS,
501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES

OFFICE USE ONLY

Name

DANIEL J. RODRIGUEZ

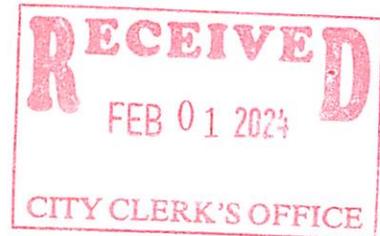
Address (number and street)

2600 S DOUGLAS ROAD, SUITE 900

City, State, Zip Code

CORAL GABLES, FL 33134

CHECK IF ADDRESS HAS CHANGED



Filing as:

Elected Official

Office: _____

Miami-Dade County Candidate

Office: _____

Municipal Candidate CITY OF SOUTH MIAMI

(Name of Municipality)

Office: COMMISSIONER GROUP 2

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.

JEANNINE RIESCO MIRANDA

(Type name) Treasurer Deputy Treasurer

X

Signature

2/1/24

Date

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

DANIEL J. RODRIGUEZ

(Type name) Elected Official Candidate

X

Signature

2/1/24

Date

