MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE

LAST NAME-FIRST NAME-MIDDLE NAME:			NAME OF AGENCY:			
STREE ADDRESS:			OFFICE OR POSITION HELD:			
CITY:			FOR QUARTER ENDING (Check One):			
ZIP:			□ MARCH □ JUNE □			
COUNTY:			☐ SEPT.	□ DEC.	YEAR: 20	
PART A: STATEMENT Excess of \$100, accepte and state the monetary were received. If any of file this statement for	ed by you during the cal- value of the gift, the nar f these facts are unknow any calendar quarter	endar quart me and add n or not ap during whi	er for which ress of the p plicable, sta ch you did	this statement is being erson making the gift, a te this on the form. You not receive a reportal	filed. Describe the gift and the dates the gifts are not required to ble gift.	
	DATE DESCRIPTION MON		ETARY	NAME OF PERSON	ADDRESS OF PERSON	
RECEIVED	OF GIFT	VALUE		MAKING THE GIFT	MAKING THE GIFT	
PART C: FILING of the calendar quarter	PT PROVIDED BY led to you by the person in explanation of any di ipt. CHECK HERE IF INSTRUCTIONS that follows the quarter	PERSO making the fferences be A RECEI The signer for which t	N MAKI e gift, you are tween the i PT IS ATT ed and notari his form app	re required to attach a c nformation disclosed of CACHED TO THIS FO ized form must be filed blies. For example, if a	topy of that receipt to this in this form and the DRM. no later than the last day gift is received in March	
it should be disclosed b of County Commission respective municipal clo	ers, 111 NW 1 st St., Sui erks.	te 17-10, M	liami, FL 33	3128. Municipal person	nel file with their	
PART D: OATH.						
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 2-11.1 (e)(4) of the Code of Miami-Dade County.			Sworn	STATE OF FLORIDA COUNTY OF		
Signature of Person Making Gift Disclosure				(Signature of Notary Public, State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)		
				(Frint, Type, or Stamp Commission	nieu name of Notary Public)	
				sonally known to me $or \square$ of Identification Produc		