

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)  
  
(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

**2. Name of Candidate (in this order: First, Middle, Last)**

MIGUEL C. SOLIMAN

4. Telephone

(786 ) 367-0323

5. E-mail address

miguelcsoliman@gmail.com

3. Address (include post office box or street, city, state, zip code)

1436 SW 6 STREET  
MIAMI, FL 33135

**6. Office sought (include district, circuit, group number)**

CITY OF MIAMI, COMMISSIONER, DISTRICT #3

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In  No Party Affiliation  \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer  Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

MIGUEL C. SOLIMAN

**11. Mailing Address**

1436 SW 6 STREET

**12. Telephone**

( 786 ) 367-0323

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33135

17. E-mail address

miguelcsoliman@gmail.com

**18. I have designated the following bank as my**

Primary Depository

Secondary Depository

**19. Name of Bank**

BB&T

**20. Address**

2000 PONCE DE LEON BLVD

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

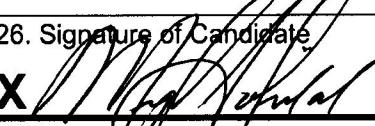
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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

8/10/16

**26. Signature of Candidate**

X 

**27.**

**Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I,

MIGUEL C. SOLIMAN

, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

8/10/16

X

Date

Signature of Campaign Treasurer or Deputy Treasurer