

**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.

RECEIVED

2016 AUG 10 AM 10:36

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

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

1436 SW 6 STREET  
MIAMI, FL 33135

**4. Telephone**

(786 ) 367-0323

**5. E-mail address**

miguelcsoliman@gmail.com

**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**

33134

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

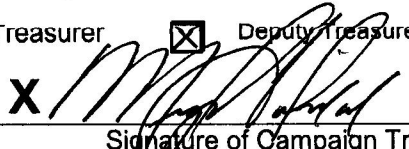
☒

Deputy Treasurer.

8/10/16

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer