



**MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
REPORTING OF SOLICITATION OF CONTRIBUTIONS FOR
POLITICAL COMMITTEES, ELECTIONEERING COMMUNICATIONS ORGANIZATIONS,
501(c)(4) ORGANIZATIONS AND POLITICAL PARTIES**

<p>Elected Official's or Candidate's Name Miguel C. Soliman</p> <hr/> <p>Address (number and street) 2600 South Douglas Road, Ste. 900</p> <hr/> <p>City, State, Zip Code Coral Gables FL 33134-6149</p> <hr/> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p align="center">OFFICE USE ONLY</p> <p align="center">RECEIVED</p> <p align="center">2019 SEP 26 AM 8:22</p> <p align="center">MIAMI-DADE COUNTY ELECTIONS DEPARTMENT</p>
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Filing as:

Elected Official
Office: _____

Miami-Dade County Candidate
Office: County Commissioner, District 5

Municipal Candidate _____
(Name of Municipality)
Office: _____

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete. (SECTION APPLICABLE TO CANDIDATES ONLY)</p> <p>Jose A. Riesco (Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <hr/> <p>X _____ Signature</p> <hr/> <p>9/25/19 Date</p>	<p>I certify that I have examined this report and it is true, correct, and complete. (FOR BOTH ELECTED OFFICIALS AND CANDIDATES)</p> <p>Miguel C. Soliman (Type name) <input type="checkbox"/> Elected Official <input checked="" type="checkbox"/> Candidate</p> <hr/> <p>X _____ Signature</p> <hr/> <p>09-25-19 Date</p>
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