

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

- Driver's License Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Miguel C. Soliman

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner for Miami Dade County, District 5
(Office) (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Candidate's Florida Voter Registration Number (located on your voter information card): 109543676

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MI-GUEL - C - SO-LI-MAN

<input checked="" type="checkbox"/>	<u>(305) 879-9071</u>	<u>Miguelcsoliman@gmail.com</u>	
Signature of Candidate	Telephone Number	Email Address	
<u>1436 S.W. 6 Street</u>	<u>Miami</u>	<u>Florida</u>	<u>33135</u>
Address	City	State	ZIP Code

STATE OF FLORIDA

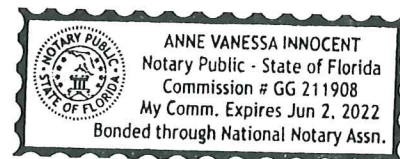
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 3rd day of June, 2020.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Florida Driver License



Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Florida *The Sunshine State*
DRIVER LICENSE CLASS F



MIGUEL SOLIMAN
 1436 SW 6TH ST
 MIAMI, FL 33135-0000
 DOB: 08-12-1962 SEX: M
 ISSUED: 09-29-2017 HGT: 5-05
 EXPIRES: 08-12-2025

RESIDENT ENDORSE:

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Voter Information Card
 Miami-Dade County, FL
 Tarjeta de Información del Elector
 Condado de Miami-Dade, FL
 Kat Enfòmasyon Votè
 Konte Miami-Dade, FL

Miguel Soliman
 1436 SW 6Th St
 Miami FL 33135

ISSUED
 EMITIDA
 ENPRIME

Bring photo identification when voting.
 Para votar, presente una identificación con fotografía.

10/01/15

Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Registration No.
 Núm. de Inscripción
 Nim. Enskripsyon
 109543676

Voting Location | Centro de Votación | Lokasyon Biwo Vòt

Hispanic Branch Library
 1398 SW 1 St

Precinct No.
 Núm. del Recinto
 Nim. Biwo Vòt

Date of Birth
 Fecha de Nacimiento
 Dat Nesans

Registration Date
 Fecha de Inscripción
 Dat Enskripsyon

564

8/12/1962

8/10/1995

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

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 20 JUN 2015 PM 6:02
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 Ud. puede votar por los representantes de los distritos enumerados abajo.
 W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
 Congreso
 Kongrè

State Senate
 Senado Estatal
 Sena Eta a

State House
 Cámara Estatal
 Lacham Eta a

27

40

113

County Commission

School Board

Commission

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Soliman Miguel C.

MAILING ADDRESS:
1436 SW 6 Street

CITY : ZIP : COUNTY :
Miami Florida 33135

NAME OF AGENCY :
Miami Dade County - Board of County Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner Miami Dade County, District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

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 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of May 30th, 20 20 was \$ 1,071,073.82.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ADDENDUM	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ADDENDUM	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Soliman Structures, Inc. (W-2)	1857 N.W. 21st Terrace, Miami, FL 33142	\$0
Soliman Structures, Inc. (K-1)	1857 N.W. 21st Terrace, Miami, FL 33142	\$69,000.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SEE ADDENDUM			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 on this form and any attachments hereto is true, accurate, and complete.

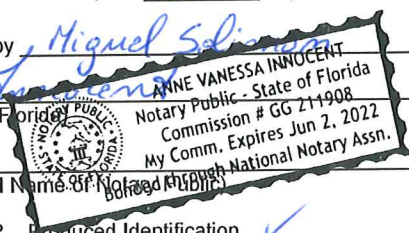

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 3rd day of

June, 2020 by Miguel Soliman
Anne Vanessa Innocent
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Driver License

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS - ADDENDUM (Page 1 of 2)
2019 - Form 6

Date: 5/30/2020

NET WORTH - PART A	
TOTAL ASSETS	\$1,143,333.82
TOTAL LIABILITY	\$72,260.00
NET WORTH	\$1,071,073.82

DESCRIPTION OF ASSET - PART B	VALUE OF ASSET
Ocean Bank, Savings Account 780 NW 42 Ave, Miami, FL 33126	\$46,000.00
Wells Fargo Bank, (2) Checking Accounts, P.O. Box 6995, Portland, OR 97228	\$5,735.00
Charles Schwab, Stock Porfolio, 801 Brickell Ave, # 640, Miami, FL 33131	\$109,490.82
Charles Schwad Stock Porfolio Breakdown:	
Stock Name: Bell Buckle Holding, Qty shares 1,194,413, Stock Value \$554.10	
Stock Name: Cloud Commerce Inc., Qty shares 740, Stock Value \$1.33	
Stock Name: Federal Natl Mtg Assn GT, Qty shares 285, Stock Value \$544.67	
Stock Name: Visa Inc., Qty shares 552, Stock Value \$108,390.72	
Homestead (Single Family Residence), 1436 SW 6 Street, Miami, FL 33135	\$182,108.00
Personal Automobile, Ford Explore 2015	\$25,000.00
Soliman Structures, Inc. 1857 NW 21 TERR., Miami, FL33142 (Own 100% of Shares)	\$560,000.00
Soliman Construction, Inc. 1436 SW 6 St., Miami, FL33135 (Own 100% of Shares)	\$200,000.00
Household goods and personal affects	\$25,000.00
TOTAL ASSETS	\$1,143,333.82

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DESCRIPTION OF LIABILITY - PART C	VALUE OF LIABILITY
Citi Mastercard, Box 6500 Sioux Falls, SD 57117	\$6,996.00
Private Mortgage: Noe Cuellar, 3400 Bayview Drive, # 2N, Ft. Lauderdale, FL 33306	\$55,000.00
Automobile, Ally Financial Inc., P.O. Box 380901, Bloomington, MN. 55438	\$3,826.00
Home Depot, P.O. Box 790328, St. Louis, MO 63179	\$374.00
American Express, P.O. Box 297871, Ft. Lauderdale, FL 33329	\$2,029.00
Bank of America Visa, P.O. Box 982238, El Paso, TX 79998	\$4,035.00
TOTAL LIABILITY	\$72,260.00

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS - ADDENDUM (Page 2 of 2)
2019 - Form 6

Date: 5/30/2020

SECONDARY SOURCES OF INCOME - PART D -- INCOME			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Soliman Structures, Inc.	35 sw 6 Avenue Development LLC	444 Brickell Ave, Suite 900 Miami, FL 33142	Developer
Soliman Structures, Inc.	1029 MC Apartments LLC	11090 NW 67 Street Doral, FL 33178	Developer
Soliman Structures, Inc.	JCOM Construction Inc	5001 SW 74 Ct, Suite 100 Miami, FL 33155	General Contractor

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ELECTIONS DEPARTMENT



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7900490

RECEIVED FROM Miguel Soliman

DATE 6 / 3 / 2020
MONTH DAY YEAR

ADDRESS 2600 South Douglas Road, Suite 900

CASH \$ _____

Coral Gables CITY FL STATE 33134 ZIP

CHECKS \$ 360

AMOUNT OF: Three Hundred Sixty DOLLARS, AND Zero CENTS

TOTAL \$ 360

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 5

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: *N. Yemasse Innocent*

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

QASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Miguel Soliman Campaign
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

Regions Bank
Coral Gables, FL

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 5/27/2020
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 \$**360.00

PAY TO THE ORDER OF Miami-Dade County

Three Hundred Sixty and 00/100***** DOLLARS

Miami-Dade County
2700 NW 87 Avenue
Miami, FL 33172

MEMO
Qualifying Fee-2020
MDC COMMISSIONER, D144 #5



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