

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2016 MAY 25 AM 8:40

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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

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**

miguelsoliman@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**

JOSE A. RIESCO, CPA

**11. Mailing Address**

2600 S. DOUGLAS ROAD, #900

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33134

**17. E-mail address**

jose@riescoandcompany.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**

CORAL GABLES

**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**

5/23/16

**26. Signature of Candidate**

X 

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

I, JOSE A. RIESCO, CPA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5/20/16  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
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**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**

JEANNINE MIRANDA

**11. Mailing Address**

2600 S. DOUGLAS ROAD, #900

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33134

**17. E-mail address**

jen@riescoandcompany.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**

CORAL GABLES

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33134

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**25. Date**

5/23/16

**26. Signature of Candidate**

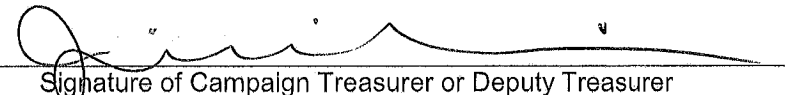


**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, JEANNINE MIRANDA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5/20/16  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

RECEIVED

2016 AUG 10 AM 10:36

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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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

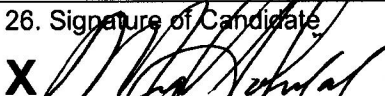
**22. County**  
MIAMI-DADE

**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.

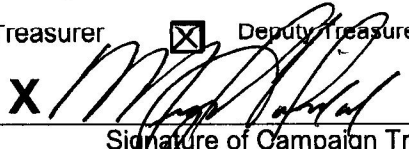
**25. Date**  
8/10/16

**26. Signature of Candidate**  
 

**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

  
Signature of Campaign Treasurer or Deputy Treasurer

**MIGUEL C. SOLIMAN CAMPAIGN**  
**1436 SW 6 STREET**  
**MIAMI, FL 33135**  
**786-367-0323**

RECEIVED  
2016 MAY 25 AM 8:40  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

May 20, 2016

Todd B. Hannon, City Clerk  
City of Miami  
3500 Pan American Drive  
Miami, FL 33133

RE: Miguel C. Soliman Campaign

Dear Mr. Hannon,

This letter is to inform you that effective immediately Mr. Carlos J. del Busto III is being removed as treasurer and being replaced by Mr. Jose A. Riesco, CPA as treasurer and Mrs. Jeannine Miranda is being appointed as Deputy Treasurer. In addition, the banking depository information has been changed. Ocean Bank is being replaced by BB&T Bank.

Attached please find the duly executed DS-DE 9 forms.

If you should have any questions or require additional information, please contact me.

Sincerely,

  
Miguel C. Soliman

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(Section 106.021(1), F.S.)

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2016 MAY 12 PM 4:26

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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**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 S.W. 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     Republican Party candidate.

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

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

Carlos J. del Busto III

**11. Mailing Address**

1465 SW 8 Street, Suite 104B

**12. Telephone**

( 305 ) 588-2500

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33135

**17. E-mail address**

carlosjdelbusto@gmail.com

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

Primary Depository     Secondary Depository

**19. Name of Bank**

Ocean Bank

**20. Address**

780 N.W. 42nd Avenue

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

Florida

**24. Zip Code**

33126

**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**

5/12/16

**26. Signature of Candidate**



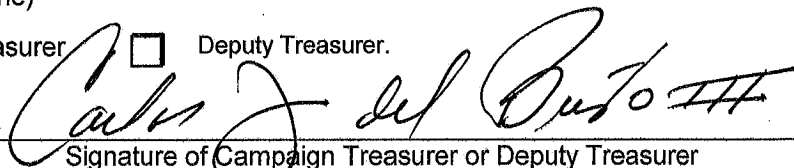
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Carlos J. del Busto III, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/12/2016

Date



Signature of Campaign Treasurer or Deputy Treasurer