CAMPAIGN TREASURER'S REPORT SUMMARY VED					
(1) MIGUEL C. SOLIMAN CAMPAIGN	2016 OCTICE HSEAPH 8: 59				
Name (2) 2600 SOUTH DOUGLAS ROAD SUITE 900 Address (number and street)	OFFICE OF THE CITY CLERK CITY OF MIAMI				
CORAL GABLES, FL 33134 City, State, Zip Code	· ·				
Check here if address has changed	(3) I.D. Number: 00000				
(4) Check appropriate box(es):	(O) 1.D. Number: 00000				
Candidate (office sought): City of Miami Commissioner District #3 Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded					
Party Executive Committee (PTY)	eck here if PTY has disbanded				
Independent Expenditure (IE) (also covers an individual making electioneering communications)	eck here if no other IE or EC reports will be filed				
(5) REPORT	IDENTIFIERS				
Cover Period: From <u>09/01/2016</u> To <u>09/30/2016</u>	Report Type: M9				
X Original Amendment Special Elec	ction Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks\$0.00	Monetary Expenditures \$0.00				
Loans\$0.00	Transfers to Office Account \$0.00				
Total Monetary \$0.00	Total Monetary \$0.00				
In-Kind \$0,00	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
\$26,530.00	\$2,523.20				
(11) CERTIFICATION					
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, correct and complete:					
JOSE A. RIESCO MIGUEL C. SOLIMAN					
Individual (only for IE-or X Treasurer Deputy Treasurer electioneering commun.)	X Candidate Chairman (only for PC and PTY)				
X	X / Mpg/ Bylong of				
Signature	Signature (/ ' '				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	MIGUEL C. SOLIMAN CAMPAIGN			(2) I.D.	Number	00000	
(3) Cover Perio	od 09/01/2016 - 09/30/2016			(4) Pag	je	0 of 0	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last Suffix First Middle)	Co	ntributor				I
Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Nothing to report on	this	form				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	MIGUEL C. SOLIMAN CAMPAIGN		(2) I.D. Number	00000	
(3) Cover Peri	od 09/01/2016 - 09/30/2016	······	(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	Nothing to report on the	his form			
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				LERK	* Secretary

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name	MIGUEL C. SOLIMAN CAMPAIGN	(2) I.D. Number			
(3) Cover Peri	od 09/01/2016 - 09/30/2016		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name	MIGUEL C. SOLIMAN CAMPAIGN		(2) I.D. Number	00000	
(3) Cover Peri	od 09/01/2016 - 09/30/2016		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
	Nothing to report on thi	s form			
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				FR &	7