

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2017 SEP 21 PM 2:54
OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

MIGUEL SOLIMAN (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is MIGUEL SOLIMAN.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 - (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 - (b) I am offering myself as a candidate for the office of Commissioner in District Number 3 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 564.

I presently reside at the following address (must include zip code):

1436 S.W. 6 ST., MIAMI, FL 33135

which is my legal address, and I have resided continually at said address from the 13 day of

AUGUST, 2015 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses

For the Period

1525 N.W. 31 AVE, MIAMI, FL 33125

8 MONTH (JAN TO AUG 2015)

14313 S.W. 51 ST, MIAMI, FL 33175

15 YEARS (DEC 19 TO JAN 15)

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

6. Affiant's spouse resides at the following address (must include city, state and zip code):

1436 S.W. 6 ST., MIAMI, FL 33135

7. Affiant's minor children reside at the following address (must include city, state and zip code):

N/A

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

SOLIMAN STRUCTURES, INC.
1857 N.W. 21 TERRACE, MIAMI, FL. 33142

10. Affiant's occupation: GENERAL CONTRACTOR (OWNER)

Affiant's business telephone number(s): (786) 717-7477

11. Affiant has been employed in the above-cited capacity for the following period of time:

14 YEARS

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

(a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) At the time such employee appoints a campaign treasurer and designates a primary depository; or

(c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

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14. Affiant's campaign headquarters address and telephone number:

1465 S.W. 8 ST, MIAMI, FL. 33135, SUITE 104B

Affiant's campaign treasurer's name:

JOSE RIESCO

Affiant's campaign treasurer's address:

2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL. 33134

Telephone numbers: (work) (305) 445-0777

(home) (305) 519-9090

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

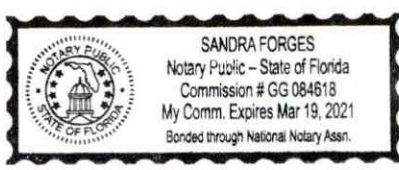
MIGUEL SOLIMAN

SIGNED THIS 21 DAY OF SEPTEMBER, 2017.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Miguel Soliman, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

[Signature]
for CITY CLERK
CITY OF MIAMI, FLORIDA



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CITY OF MIAMI

(SEAL)

Did take an oath

Produced identification

Type of identification produced: U.S. Passport

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2016

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 CLARO

MAILING ADDRESS :

1436 S.W. 6 ST.

CITY :

ZIP :

COUNTY :

MIAMI, FL. 33135 MIAMI-DADE

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY OF MIAMI COMMISSIONER, DISTRICT 3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOLIMAN STRUCTURES, INC.	1857 N.W. 21 TERR, MIAMI, FL 33142	CONSTRUCTION
SOLIMAN CONSTRUCTION, INC.	1857 N.W. 21 TERR, MIAMI, FL 33142	CONSTRUCTION
SOLIMAN ENTERPRISES, LLC	1857 N.W. 21 TERR, MIAMI, FL 33142	REAL ESTATE HOLDING

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
N/A			
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NONE

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCKS	CHARLES SCHWAB

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
ALLY FINANCIAL	P.O. Box 380901 BLOOMINGTON, MN. 55438
OCEAN BANK	780 N.W. 42 AVE, MIAMI, FL. 33126

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

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


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 CITY OF MIAMI

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 9/21/17

CPA or ATTORNEY SIGNATURE ONLY

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>WHERE TO FILE:</p> <p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p>Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, MIGUEL SOLIMAN
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of CITY OF MIAMI COMMISSIONER, 3
(office) (district #)

—, —; I am a qualified elector of MIAMI DADE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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.

X [Signature] (786) 306-9454 MIGUELCSOLIMAN@GMAIL.COM
Signature of Candidate Telephone Number Email Address

1436 S.W. 6 ST. MIAMI FL. 33135
Address City State ZIP Code

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

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
mee-gel so-lee-man

STATE OF FLORIDA
COUNTY OF Miami-Dade

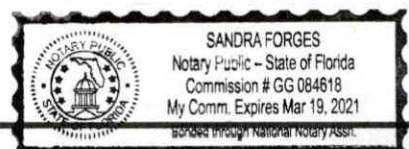
Sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: U.S. Passport

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

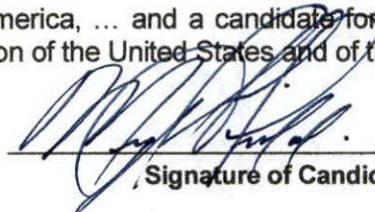


LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, MIGUEL C SOLIMAN
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.


Signature of Candidate

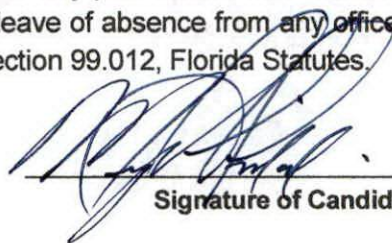
CITY OF MIAMI OATH OF CANDIDATE OFFICE OF CITY OF MIAMI COMMISSIONER

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Before me, an officer authorized to administer oaths, personally appeared

MIGUEL C. SOLIMAN
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 3**, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.


Signature of Candidate

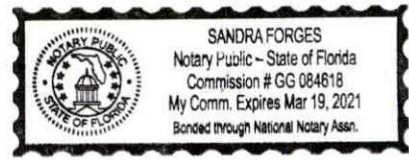
1436 S.W. 6 ST. MIAMI FL. 33135
Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.


Signature of Officer Administering Oath or Notary Public

Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:
Type of Identification Produced: U.S. Passport



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OFFICE OF THE CITY CLERK
CITY OF MIAMI

**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, MIGUEL SOLIMAN, a candidate for the office of
please print your name

COMMISSIONER DISTRICT 3 in MIAMI, FL.
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 
Signature

9/21/17
Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
2700 NW 87th Ave. *or* P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

MIGUEL SOLIMAN CAMPAIGN

2600 S DOUGLAS ROAD STE 900
CORAL GABLES, FL 33134

1046

DATE 9/20/17

PAY TO THE ORDER OF City of Miami \$ 682.00
Six hundred eighty two & 00/100 DOLLARS



BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

FOR _____

[Signature]



City of Miami
OFFICIAL RECEIPT

No. 485049

\$ 682.00 Sales Tax \$ — Total \$ 682.00 Date: 9/21/17
SIX HUNDRED AND EIGHTY TWO /100 /100 Dollars

Received from: MIGUEL SOLIMAN

Address: 1436 SW 6th Street, Miami, FL 33135

For: Qualifying-Commissioner D3 Reference No: check NO. 1046

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Sandra Forges
Department: City Clerk
Division: Election

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department



FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

MIGUEL SOLIMAN
1436 SW 6TH ST
MIAMI FL 33135-3809

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Sep 6, 2017 Electric Bill

For: Aug 7, 2017 to Sep 6, 2017 (30 days)

Service Address
1436 SW 6TH ST
MIAMI, FL 33135

Account Number [REDACTED]

Questions? Contact Us

Reliable energy is affordable energy.

Learn how we save you money at fpl.com/savings

Hello Miguel Soliman,
Here's what you owe for this billing period.

Amount of your last bill	\$343.32
Payments	-\$343.32
New charges due by Sep 27, 2017	\$312.02
Total amount you owe	\$312.02

FPL automatic bill pay - DO NOT PAY

Amount of your last bill	343.32
Payment received - Thank you	-343.32
Balance before new charges	\$0.00

NEW CHARGES

Rate: RS-1 RESIDENTIAL SERVICE

Customer charge: \$7.87

Non-fuel: (First 1000 kWh at \$0.065950) \$169.08
(Over 1000 kWh at \$0.075950)

Fuel: (First 1000 kWh at \$0.024910) \$72.32
(Over 1000 kWh at \$0.034910)

Electric service amount 249.27

Storm charge 2.97
Gross receipts tax 6.47
Franchise charge 15.52
Utility tax 21.79

Taxes and charges 46.75

Total new charges \$296.02

Billing for Services and Products

FPLES SurgeShield program 9.95

Sales tax 0.60

Discretionary sales surtax 0.10

--For program ?s, please call 1-888-NO SURGE.

FPLES Electronics Surge Prot. 5.00

Sales tax 0.30

Discretionary sales surtax 0.05

--For program ?s, please call 1-888-NO SURGE.

Total Services and Products \$16.00

Total amount you owe \$312.02

Meter Summary

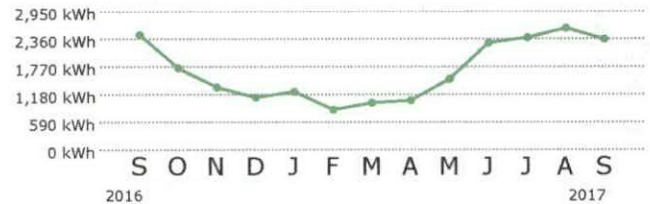
Meter reading - Meter ACD8725 Next meter reading Oct 5, 2017
Current reading 26005
Previous reading -23647

kWh used 2358

Energy Usage Comparison

	This Month	Last Month	Last Year
Service to	Sep 6, 2017	Aug 7, 2017	Sep 7, 2016
kWh Used	2358	2595	2458
Service days	30	31	34
kWh/day	79	84	72
Amount	\$296.02	\$327.32	\$280.76

Energy Usage History



Keep In Mind

- Payments received after September 27, 2017 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after September 17, 2017. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

Useful Links

[Billing and service details](#)

[Energy News](#)

[View back of the bill](#)

Important Numbers

Customer Service:

(305) 442-8770

Outside Florida:

1-800-226-3545

To report power outages:

1-800-4OUTAGE (468-8243)

Hearing/speech impaired:

711 (Relay Service)



FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

MIGUEL SOLIMAN
1436 SW 6TH ST
MIAMI FL 33135-3809

Aug 7, 2017 Electric Bill

For: Jul 7, 2017 to Aug 7, 2017 (31 days)

Service Address
1436 SW 6TH ST
MIAMI, FL 33135

Account Number [REDACTED]

Questions? Contact Us

Reliable energy is affordable energy.

Learn how we save you money at fpl.com/savings

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2017 SEP 21 PM 2: 55
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Hello Miguel Soliman,
Here's what you owe for this billing period.

Amount of your last bill	\$316.68
Payments	-\$316.68
New charges due by Aug 28, 2017	\$343.32
Total amount you owe	\$343.32

FPL automatic bill pay - DO NOT PAY

Amount of your last bill	316.68
Payment received - Thank you	-316.68
Balance before new charges	\$0.00
NEW CHARGES	
Rate: RS-1 RESIDENTIAL SERVICE	
Customer charge:	\$7.87
Non-fuel: (First 1000 kWh at \$0.065950)	\$187.08
(Over 1000 kWh at \$0.075950)	
Fuel: (First 1000 kWh at \$0.024910)	\$80.59
(Over 1000 kWh at \$0.034910)	
Electric service amount	275.54
Storm charge	3.43
Gross receipts tax	7.15
Franchise charge	17.17
Utility tax	24.03
Taxes and charges	51.78
Total new charges	\$327.32
Billing for Services and Products	
FPLES SurgeShield program	9.95
Sales tax	0.60
Discretionary sales surtax	0.10
--For program ?s, please call 1-888-NO SURGE.	
FPLES Electronics Surge Prot.	5.00
Sales tax	0.30
Discretionary sales surtax	0.05
--For program ?s, please call 1-888-NO SURGE.	
Total Services and Products	\$16.00
Total amount you owe	\$343.32

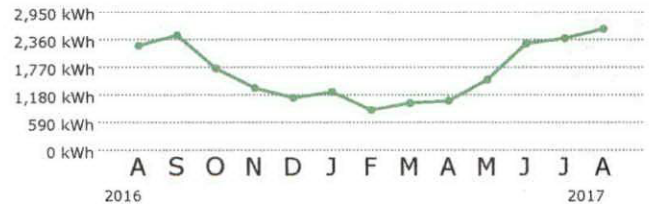
Meter Summary

Meter reading - Meter ACD8725	Next meter reading Sep 6, 2017
Current reading	23647
Previous reading	-21052
<hr/>	
kWh used	2595

Energy Usage Comparison

	This Month	Last Month	Last Year
Service to	Aug 7, 2017	Jul 7, 2017	Aug 4, 2016
kWh Used	2595	2392	2236
Service days	31	31	28
kWh/day	84	77	80
Amount	\$327.32	\$300.68	\$254.78

Energy Usage History



Keep In Mind

- Payments received after August 28, 2017 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after August 18, 2017. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in September. To learn more about your energy bill, visit FPL.com/rates.

Useful Links

[Billing and service details](#)
[Energy News](#)
[View back of the bill](#)

Important Numbers

Customer Service:	(305) 442-8770
Outside Florida:	1-800-226-3545
To report power outages:	1-800-4OUTAGE (468-8243)
Hearing/speech impaired:	711 (Relay Service)



FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

MIGUEL SOLIMAN
1436 SW 6TH ST
MIAMI FL 33135-3809

RECEIVED
2017 SEP 21 PM 2:55
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Hello Miguel Soliman,
Here's what you owe for this billing period.

Amount of your last bill	\$251.36
Payments	-\$251.36
New charges due by Aug 26, 2016	\$270.78
Total amount you owe	\$270.78

FPL automatic bill pay - DO NOT PAY

Amount of your last bill	251.36
Payment received - Thank you	-251.36
Balance before new charges	\$0.00
NEW CHARGES	
Rate: RS-1 RESIDENTIAL SERVICE	
Customer charge:	\$7.87
Non-fuel: (First 1000 kWh at \$0.058500) (Over 1000 kWh at \$0.069750)	\$144.71
Fuel: (First 1000 kWh at \$0.021730) (Over 1000 kWh at \$0.031730)	\$60.95
Electric service amount	213.53
Storm charge	3.22
Gross receipts tax	5.56
Franchise charge	13.45
Utility tax	19.02
Taxes and charges	41.25
Total new charges	\$254.78
Billing for Services and Products	
FPLES SurgeShield program	9.95
Sales tax	0.60
Discretionary sales surtax	0.10
--For program ?s, please call 1-888-NO SURGE.	
FPLES Electronics Surge Prot.	5.00
Sales tax	0.30
Discretionary sales surtax	0.05
--For program ?s, please call 1-888-NO SURGE.	
Total Services and Products	\$16.00
Total amount you owe	\$270.78

Aug 5, 2016 Electric Bill

For: Jul 7, 2016 to Aug 4, 2016 (28 days)

Service Address

1436 SW 6TH ST
MIAMI, FL 33135

Account Number [REDACTED]

Questions? Contact Us

Reliable energy is affordable energy.

Learn how we save you money at fpl.com/savings

Meter Summary

Meter reading - Meter ACD8725 Next meter reading Sep 7, 2016

Current reading	04028
Previous reading	-01792

kWh used	2236
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Energy Usage Comparison

	This Month	Last Month
Service to	Aug 4, 2016	Jul 7, 2016
kWh Used	2236	2075
Service days	28	31
kWh/day	80	67
Amount	\$254.78	\$235.36

Energy Usage History



Keep In Mind

- Payments received after August 26, 2016 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after August 16, 2016. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.
- In order to avoid estimating your bill we used an earlier actual remote reading. This may result in fewer service days this month and more service days next month.
- Record heat means higher bills. That's because the A/C runs longer. Lower your bill by setting the thermostat to 78 degrees. Learn more at FPL.com/summertips.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in September. Visit FPL.com/rates to learn more about your electric bill.

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