

CAMPAIGN TREASURER'S REPORT SUMMARY

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 2018 FEB 20 AM 8:54
 OFFICE OF THE CITY CLERK
 OF MIAMI

(1) MIGUEL C. SOLIMAN CAMPAIGN

Name

(2) 2600 SOUTH DOUGLAS ROAD #900

Address (number and street)

MIAMI, FL 33134

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY OF MIAMI COMMISSIONER, DISTRICT #3

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 17 To 04 / 30 / 17 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 5 . 10

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 36 , 926 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 18 , 952 . 95

(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:

(Type name) JOSE A. RIESCO

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) MIGUEL SOLIMAN

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MIGUEL SOLIMAN CAMPAIGN (2) I.D. Number _____

(3) Cover Period 04 / 01 / 17 through 04 / 30 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIGUEL SOLIMAN CAMPAIGN

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 17 through 04 / 30 / 17

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
04 / 30 / 17	SQUARE 1455 MARKET STREET #600 SAN FRANCISCO, CA 94103	TRANSACTION FEE	MON	ADD	5.10
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