

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED  
2021 SEP 10 PM 4:04  
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:

- My name is Miguel Soliman.
- 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.
- 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 SW 6 Street, 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.

- 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):

<u>Prior Addresses</u>	<u>For the Period</u>
<u>1525 NW 31 Ave, Miami, FL33125</u>	<u>8 Months (Jan. to Aug. 2015)</u>
<u>14313 SW 51 St., Miami, FL 33175</u>	<u>15 Years(Dec 1999 to Jan 2015)</u>

- 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

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

1436 SW 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:

American Concrete Shell, Inc.

14021 SW 48 ST., Miami, FL 33175

10. Affiant's occupation: Construction Consultant

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:

Nov. 13, 2020

(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).

Solimian Structures, Inc. SEPT. 30, 2003 To Aug. 2020

1857 NW 21 Terrace, Miami, FL 33142

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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CITY OF MIAMI  
RECORDED

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

1436 SW 6 Street, Miami, FL 33135 (786)367-0323

Affiant's campaign treasurer's name:

Miguel Soliman

Affiant's campaign treasurer's address:

1436 SW 6 Street, Miami, FL 33135

Telephone numbers: (work) (786)367-0323

(home) N/A

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CITY OF MIAMI

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

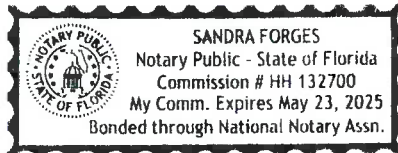
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Miguel Soliman

SIGNED THIS 10<sup>th</sup> DAY OF September, 2021

[Signature]  
AFFIANT

BEFORE ME, the undersigned authority, 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]  
CITY CLERK  
CITY OF MIAMI, FLORIDA



(SEAL)

- Did take an oath
- Produced identification

Type of identification produced: FL Driver License

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

MAILING ADDRESS :

1436 SW 6 Street, Miami, FL 33135

CITY : Miami, FL ZIP : 33135 COUNTY : Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner, District 3

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

2021 SEP 10 PM 4:05  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

**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
American Concrete Shell, Inc.	14021 SW 48 Street, Miami, FL33175	Construction
SOLIMAN STRUCTURES, INC.	1857 N.W. 21 TERR, MIAMI, FL 33142	CONSTRUCTION

**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

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

**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
Stocks	Ameritrade

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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	

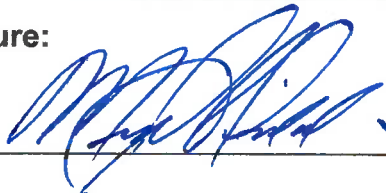
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

9/10/21

**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:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**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.

**WHEN TO FILE: 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.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**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, 2020.

**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

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Miguel 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 City of Miami Commissioner, 3,  
(Office) (District #)

N/A, N/A; 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.

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.]

mee-gel so-lee-man

X [Signature] (786) 367-0323 miguelcsoliman@gmail.com  
Signature of Candidate Telephone Number Email Address

1436 SW 6 Street Miami Florida 33135  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

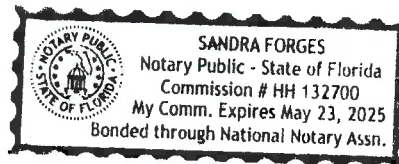
Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 10<sup>th</sup> day of September, 2021.

Personally Known  OR Produced Identification

Type of Identification Produced: FL Driver License

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



LOYALTY OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

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I, Miguel

First Name

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

Middle Initial

Soliman

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.

*[Handwritten Signature]*  
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF City of Miami Commissioner, Distric 3

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

Miguel 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.

*[Handwritten Signature]*  
Signature of Candidate

1436 SW 6 Street

Address

Miami

City

Florida

State

33135

ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by  physical or

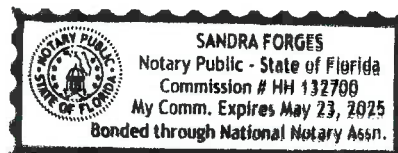
online presence, this 10<sup>th</sup> day of September, 2021.

*[Handwritten Signature]*  
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: FL Driver License



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CITY OF MIAMI

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

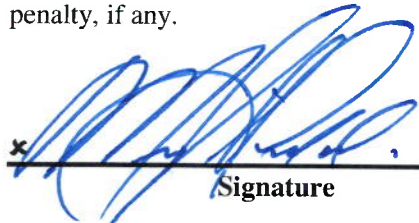
The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their 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  
CITY OF MIAMI COMMISSIONER, D-3 in MIAMI-DADE COUNTY,  
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.

  
Signature

9 / 10 / 21  
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 87<sup>th</sup> Ave. or P.O. Box 521550  
Miami, FL 33172 Miami, FL 33152-1550



MIGUEL SOLIMAN CAMPAIGN  
1436 SW 6TH STREET  
MIAMI FL 33135

63-9059  
2670

9997

DATE 9/10/21

© 2010 BANK UNITED AMERICA

PAY TO CITY OF MIAMI THE ORDER OF \$ 682.00

SIX HUNDRED EIGHTY-TWO AND XX/100 DOLLARS

**BankUnited** 1-877-779-2265  
www.bankunited.com

MEMO QUALIFYING FEE D-3

*[Handwritten Signature]*

[Redacted]

9997

SPECIAL INK



### City of Miami OFFICIAL RECEIPT

\$ 682 Sales Tax \$ — Total \$ 682.00

No. 505796

Date: 9/10/2021

Six hundred and eighty two /100 Dollars

Received from: Miguel Soliman

Address: 1436 SW 6th Street Miami FL 33135

For: Qualifying - ~~D-3~~ Commissioner-D3 Reference No: check NO. 9997

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: Elections

C FN/TM 402 Rev. 03/03

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

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CITY OF MIAMI



Voter Information Card  
Miami-Dade County, FL

Tarjeta de Información del Elector  
Condado de Miami-Dade, FL

Miguel Soliman  
1436 SW 6Th St  
Miami FL 33135

Kat Enfòmasyon Votè  
Konte Miami-Dade, FL

ISSUED  
EXPIRES  
ENPRIME

10/01/15

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.

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 | Lokal Biwo Vòt

Hispanic Branch Library  
1398 SW 1 St

Precinct No.  
Num. del Recinto  
Nim. Biwo Vòt

564

Date of Birth  
Fecha de Nacimiento  
Dat Nesans

[REDACTED]

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon

8/10/1995

Party Affiliation | Afiliación Partidista | Pati Politiik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.

W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress  
Congreso  
Kongrè  
27

State Senate  
Senado Estatal  
Sena Eta a  
40

State House  
Cámara Estatal  
Lacham Eta a  
113

County Commission  
Comision del Condado  
Komisyon Konte  
5

School Board  
Junta Escolar  
Asanble Edikasyon  
6

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
N/A\*

Municipality | Municipio | Minisipalite

MIAMI DIST 3

[REDACTED]

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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

Statement Date: 07/02/2020

Current month's charges:	\$25.68
Total amount due:	\$25.68
Payment Due By:	07/23/2020

**Your Account Summary**

Previous Amount Due	\$23.75
Payment(s) Received Since Last Statement	-\$23.75
<b>Current Month's Charges</b>	<b>\$25.68</b>
<b>Total Amount Due</b>	<b>\$25.68</b>

**PLAN MORE AND STRESS LESS.**

Our free Budget Billing program evens out your bill so you pay about the same amount every month.

Visit [peoplesgas.com/budgetforhome](http://peoplesgas.com/budgetforhome) to learn more and sign up.

Amount not paid by due date may be assessed a late payment charge and an additional deposit.

**COVID-19**

**SCAM ALERT**

**Avoid Scams. Don't be a victim.**

During the pandemic don't be tricked by urgent threats. If anyone calls to demand immediate utility bill payment with a pre-paid card, or threatens to turn off your service on the same day, hang up!

Questions? Call us at 888.223.0800

To ensure prompt credit, please return stub portion of this bill with your payment. Make checks payable to TECO.



WAYS TO PAY YOUR BILL



See reverse side for more information

Account: 211011171223

Current month's charges:	\$25.68
Total amount due:	\$25.68
Payment Due By:	07/23/2020
<b>Amount Enclosed</b>	<b>\$</b> _____

685951170366

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

MAIL PAYMENT TO:  
TECO  
P.O. BOX 31318  
TAMPA, FL 33631-3318



# ACCOUNT INVOICE

peoplesgas.com



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2021 SEP 10 PM 4:06  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

Statement Date: 09/02/2021

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

Current month's charges:	\$29.73
Total amount due:	\$29.73
Payment Due By:	09/23/2021

### Your Account Summary

Previous Amount Due	\$31.52
Payment(s) Received Since Last Statement	-\$31.52
<b>Current Month's Charges</b>	<b>\$29.73</b>
<b>Total Amount Due</b>	<b>\$29.73</b>

## Take 5 minutes and find easy ways to save.

Free online energy audit and appliance calculators are at [peoplesgas.com/onlineaudit](http://peoplesgas.com/onlineaudit).

Amount not paid by due date may be assessed a late payment charge and an additional deposit.

## Endless hot water. Every shower, every bath, every dish.

Earn a rebate up to \$700 when you install a tankless water heater in your home. Visit [peoplesgas.com/rebates](http://peoplesgas.com/rebates) to learn more.

To ensure prompt credit, please return stub portion of this bill with your payment. Make checks payable to TECO.



### WAYS TO PAY YOUR BILL



See reverse side for more information

Account: 211011171223

Current month's charges:	\$29.73
Total amount due:	\$29.73
Payment Due By:	09/23/2021

**Amount Enclosed** \$ \_\_\_\_\_  
666198330815

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

MAIL PAYMENT TO:  
TECO  
P.O. BOX 31318  
TAMPA, FL 33631-3318

6661983308152110111712230000000029738