

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) TOM BAUMANN  
Name

(2) 7100 BISCAYNE BLVD, SUITE 306A  
Address (number and street)

MIAMI, FL 33138  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 0000

(4) Check appropriate box(es):

Candidate (office sought): MAYOR OF MIAMI

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 1 / 13 To 9 / 27 / 13 Report Type G1-13

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 64.00

Loans \$                     

Total Monetary \$ 64.00

In-Kind \$                     

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 22.46

Transfers to Office Account \$                     

Total Monetary \$ 22.46

(8) Other Distributions \$                     

(9) TOTAL Monetary Contributions To Date  
\$ 164.00

(10) TOTAL Monetary Expenditures To Date  
\$ 47.45

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) NAOMI CRAINE  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) TOM BAUMANN  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** *Naomi Craine*  
Signature

**X** *Tom Baumann*  
Signature

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CITY OF MIAMI, FL

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TOM BAUMANN (2) I.D. Number 0000

(3) Cover Period 7 / 1 / 13 through 9 / 27 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9 / 27 / 13	CONTRIBUTOR 2	I		CAS			14.00
1							
9 / 27 / 13	CONTRIBUTOR 3	I		CAS			10.00
2							
9 / 27 / 13	CONTRIBUTOR 4	I		CAS			30.00
3							
9 / 27 / 13	CONTRIBUTOR 5	I		CAS			10.00
4							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TOM BAUMANN

(2) I.D. Number 0000

(3) Cover Period 7 / 1 / 13 through 9 / 27 / 13

(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					
7 / 12 / 13	VENDOR 2	CHECK PRINTING	MON		\$6.46
1					
7 / 31 / 13	VENDOR 3	BANK FEE	MON		\$8.00
2					
8 / 30 / 13	VENDOR 3	BANK FEE	MON		\$8.00
3					
// /					
// /					
// /					
// /					
// /					

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