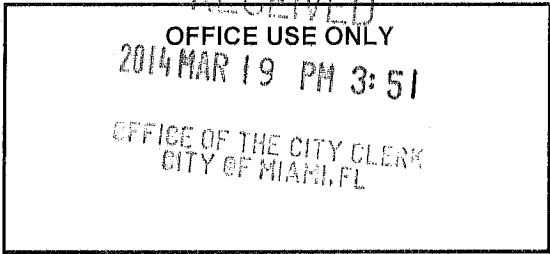


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Baumann
 Name
 (2) 7100 BISCAYNE BLVD, SUITE 306A
 Address (number and street)
Miami, FL 33238
 City, State, Zip Code



Check here if address has changed

(3) ID Number: 0000

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11/01/13 / _____ To 02/3/14 / _____ Report Type: TR-13

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 \$ 11.30, _____, _____

Transfers to Office Account \$ 0.00, _____, _____

Total Monetary \$ 11.30, _____, _____

(8) Other Distributions

\$ 0.00, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 249.00, _____, _____

(10) TOTAL Monetary Expenditures To Date

\$ 249.00, _____, _____

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

X
 Signature

(Type name) Tom Baumann
 Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tom Baumann

(2) I.D. Number 0000

(3) Cover Period 11/01/13 / / through 02/03/14 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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 OFFICE OF THE CITY CLERK
 CITY OF MANHATTAN

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tom Baumann

(2) I.D. Number 0000

(3) Cover Period 11/01/13 / / through 02/03/14 / /

(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					
11/27/13 / /	VENDOR 1	POSTAGE, OFFICE SUPPLIES	MON		11.25
02/03/14 / /	VENDOR 5	CHARITABLE CONTRIBUTION	MON	ADD	0.05
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