

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP 17 PM 4:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

Tom Baumann (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Tom Baumann.

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 of the office of Commissioner in District Number ___ 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. 535.

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

261 NW 35th St #2, Miami, FL 33127,
which is my legal address, and I have resided continually at said address from the 8 day of July, 2011 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
70 Post Ave #5D, NY, NY
561 W 174th St., NY, NY

For the Period
March 2010 - July 2011
January 2008 - March 2010

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)

N/A

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:

Future Force Personnel Services 15800 NW
57th Ave, Hialeah, FL 33014

10. Affiant's occupation: Warehouse worker

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

August 12, 2013 to present

(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).

Brandsmart USA, 3200 SW 42nd St., Hollywood, FL 33312, Quality Control specialist;
Dayton Granger, 3299 SW 9th Ave., Ft. Lauderdale, FL 33315 Composite Molder
Randstad, 710 Main St., Miami Lakes, FL 33014, Warehouse worker

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 (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

(a) such employee or board member 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 or board member appoints a campaign treasurer and designates a primary depository; or

(c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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The definition of "city board" is found in Section 2-882 of the Miami City Code.

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

7100 Biscayne Blvd., Suite 306 A, Miami, FL 33138 (305)-757-8869

Affiant's campaign treasurer's name:

Naomi Craine

*Affiant's campaign treasurer's address:

7805 NE Bayshore Ct. #6, Miami, FL 33138

Telephone numbers: (work) 305-757-8869

(home) _____

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

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:

Tom Baumann

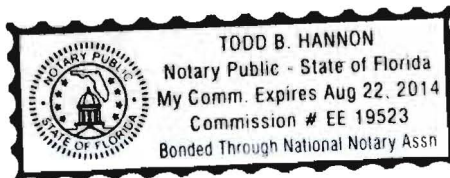
SIGNED THIS 17 DAY OF September, 2013.

Tom Baumann
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



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CITY OF MIAMI, FL

Did take an oath

Produced identification

Type of identification produced: FL Driver's License

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Baumann Tom Austin

MAILING ADDRESS :

261 NW 35th St #2

CITY : ZIP : COUNTY :

Miami 33127 Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

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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CITY OF MIAMI, FL

**** 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, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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:

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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Caterpillar Logistics Inc.	330 SW Adams St LD4000, Peoria, IL 61630	Warehousing
Randstad US, L.D.	2015 South Park Place, Atlanta, GA 30339	Temporary Agency
Online Staffing	1 Aquarium Drive, #150, Camden, NJ 08105	Temporary Agency

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
None			

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Capital One	P.O. Box 71083, Charlotte, NC 28272
Chase	P.O. Box 15153, Wilmington, DE 19886

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):

DATE SIGNED (required):

Tom Brown

9/17/2013

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF MIAMI

(Please Print)

I, Tom _____ A _____ Baumann _____
First Name Middle Initial Last Name

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CITY OF MIAMI, FL

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.

Tom Baumann
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF THE CITY OF MIAMI MAYOR

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

Tom Baumann
(Please print name as you wish it to appear on ballot)

who being sworn, says he/she is a candidate for the office of **City of Miami Mayor** at large; 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.

Tom Baumann
Signature of Candidate



261 NW 35th St. #2, Miami, FL 33127
Address

City State ZIP Code

The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribed before me this 17 day of September, 2013.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) [Signature]

(Print Type, or Stamp Commissioned Name of designated Notary Public _____)

Personally Known OR Produced Identification Type of Identification Produced Driver's License

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL
OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Tom Baumann
(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 with no party affiliation for the office of Mayor of City of Miami (office) 1 (district #)

1 (circuit #), 1 (group or seat #); I am a qualified elector of Miami-Dade County, Florida;

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] (305) 757-8869 swpmiami@att.net
Signature of Candidate Telephone Number Email Address

7100 Biscayne Blvd #306 A MIAMI FL 33127
Address City State Zip Code

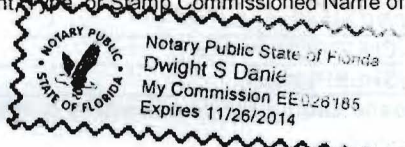
Candidate's Florida Voter Registration Number (located on your voter information card): 119762880

* 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):

STATE OF FLORIDA
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 17 day of September, 2013.

Personally Known: or
Produced Identification:
Type of Identification Produced: Driver's License

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


INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, etc.

Samples:

PRONUNCIATION KEY Stressed Vowel Sounds	
EE	(FEET) feet
I	(FIT) fit
E	(BED) bed
A	(KAT) cat (KAD) cad
AH	(FAH-thur) father (PAHR) par
AH	(HAHT) hot (TAH-dee) toddy
UH	(FUHJ) fudge (FLUHD) flood
UH	(CHUHRCH) church
AW	(FAWN) fawn
U	(FUL) full
OO	(FOOD) food
OU	(FOUND) found
O	(FO) foe
EI	(FEIT) fight
AI	(FAIT) fate
OI	(FOIL) foil
YOO	(FYOOR-ee-uhs) furious

NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

Unstressed Vowel Sounds	
uh	(SO-fuh) sofa (FING-guhr) finger

Certain Vowel Sounds with R	
AHR	(PAHR) par
ER	(PER) pair
IR	(PIR) peer
OR	(POR) pour
OOR	(POOR) poor
UHR	(PUHR) purr

Consonant Sounds			
B	(BED) bed	TS	(ITS) its (PITS-feeld) Pittsfield
D	(DET) debt	TH	(THEI) Thigh
F	(FED) fed	TH	(THEI) Thy
G	(GET) get	ZH	(A-zhuhr) azure (VI-zhuhn) vision
H	(HED) head	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston
HW	(HWICH) which		
J	(JUHG) jug		
K	(KAD) cad		
L	(LAIM) lame		
M	(MAT) mat		
N	(NET) net		
NG	(SING-uhr) singer		
P	(PET) pet		
R	(RED) red		
S	(SET) set		
T	(TEN) ten		
V	(VET) vet		
Y	(YET) yet		
W	(WICH) witch		
CH	(CHUCRCH) church		
SH	(SHEEP) sheep		

NOTE: This page should not be submitted to the filing officer.

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AFFIDAVIT OF FINANCIAL HARDSHIP

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CITY OF MIAMI, FL

I, Tom Baumann, a candidate for the office of
City of Miami Mayor do hereby certify, pursuant
to Section 99.093, Florida Statutes, that I am unable to pay the 1% election
assessment to qualify for nomination or election to public office because paying
the assessment would be an undue burden on my personal financial resources
or on the financial resources available to me.

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE
FOREGOING AND THAT IT IS A TRUE AND CORRECT STATEMENT.**

9/17/2013
Date

Tom Baumann
Signature of Candidate

261 NW 25th St. #2
Miami, FL 33127
Address of Candidate

The 2006 Florida Statutes

Title IX

ELECTORS AND ELECTIONS

Chapter 99

CANDIDATES

99.093 Municipal candidates; election assessment.--

(1) Each person seeking to qualify for nomination or election to a municipal office shall pay, at the time of qualifying for office, an election assessment. The election assessment shall be an amount equal to 1 percent of the annual salary of the office sought. Within 30 days after the close of qualifying, the qualifying officer shall forward all assessments collected pursuant to this section to the Department of State for deposit in the Elections Commission Trust Fund.

(2) Any person seeking to qualify for nomination or election to a municipal office who is unable to pay the election assessment without imposing an undue burden on personal resources or on resources otherwise available to him or her shall, upon written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment.

History.--s. 9, ch. 89-338; s. 2, ch. 91-107; s. 538, ch. 95-147; s. 12, ch. 97-13.

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AFFIDAVIT OF FINANCIAL HARDSHIP

I, Tom Baumann, a candidate for the office of City of Miami Mayor do hereby certify, pursuant to Section 16-7, City of Miami Code, that I am unable to pay the \$100 election qualifying fee for nomination or election to public office because paying the fee would be an undue burden on my personal financial resources or on the financial resources available to me.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Tom Baumann
Signature of Affiant
261 NW 35th St #2

Miami, FL 33127
Address of Affiant

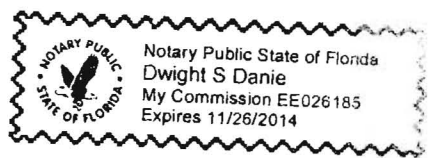
Sworn to (or affirmed) and subscribed before me this 17 day of September, 2013

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

Personally Known or Produced Identification

Type of Identification Produced: Driver's License

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Florida *The Sunshine State*

DRIVER LICENSE CLASS E



**TOM AUSTIN
BAUMANN**
 261 NW 35TH ST APT 2
 MIAMI, FL 33127-3438
 DOB: 05-08-1986 SEX: M
 ISSUED: 07-07-2011 HGT: 5-08
 EXPIRES: 05-08-2020
 REST:
 ENDORSE:



CLASS E DRIVER

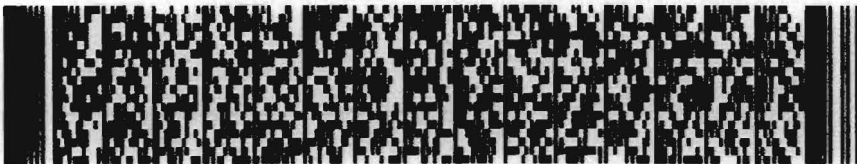
Operator of this vehicle constitutes consent to any sobriety test required by law.

RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

**REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.**



Executive Director *Julie Jones*
 Julie Jones
 Sandra C. Lambert *Sandra C. Lambert*
 Director of Driver Licenses

S111107080340
 Rev Date 08-31-09

www.flhsmv.gov

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0100208190611076

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 CITY OF MIAMI, FL

Keep your registration current;
 update your signature every 4 years.

Mantenga su inscripción al día;
 actualice su firma cada 4 años.

Kenbe enskripsyon w ajou;
 mete siyati w ajou chak 4 an.

Detach here Desprenda por aqui Detache la a

Please check all information for accuracy.



Voter Information Card
 Miami-Dade County, FL

Tarjeta de información del elector
 Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
 Konte Miami-Dade, FL

ISSUED
 EMITIDA
 ENPRIME

Tom Austin Baumann
 261 NW 35Th St APT 2
 Miami FL 33127

08/28/13

Bring photo identification when voting.

Registration No.
 Núm. de inscripción
 Ním. Enskripsyon

Para votar, presente una identificación con fotografía.

Tranpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

119762880

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

Dunbar Elementary School
 505 NW 20 St

Sírvase verificar la corrección de todos los datos.

Precinct No. Núm. del recinto Ním. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de inscripción Dat Enskripsyon
535	5/18/1986	6/1/2012

Detach here Desprenda por aqui

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA SOCIALIST WORKERS PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 Ud. puede votar por los representantes de los distritos enumerados abajo.
 W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Detache la a

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachannm Eta a
24	40	109

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
3	2	N/A

Municipal | Municipal | Minisipalite

MIAMI DIST 5





Account Number [REDACTED]
 Billing Date 08/28/11
 Total Amount Due [REDACTED]
 Payment Due By 09/17/11
 Page 1 of 2

Contact us: @ www.comcast.com 305-COMCAST

Tom Baumann

For service at:
 261 NW 35TH ST APT 2
 MIAMI FL 33127-3438

News from Comcast

A Career Opportunity is Knocking! Comcast is hiring door to door Residential Sales Reps in South Florida. If interested, please email your resume to sfla_dsr@cable.comcast.com.

Payment Centers -
 Miami: 1306 NW 7th Ave.,
 Hialeah: 2151 W 62nd St., Mon - Fri 9am-6pm, Sat. 10am-2pm.
 For your convenience, Check Cashing Stores process Comcast payments.

Want one less check to write? Sign up for Comcast automatic payment and have your monthly payment withdrawn automatically. Go to www.comcast.com.

Monthly Statement Summary

Previous Balance [REDACTED]
 Payment [REDACTED]
 New Charges - see below [REDACTED]
Total Amount Due [REDACTED]
 Payment Due By 09/17/11

New Charges Summary

XFINITY Internet [REDACTED]
 Taxes, Surcharges & Fees [REDACTED]
 Total New Charges [REDACTED]

You saved \$29.96 this month with your Xfinity services!

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 CITY OF MIAMI, FL

Detach and enclose this coupon with your payment. Please write your account number on your check or money order. Do not send cash.



1306 NW 7TH AVE MIAMI FL 33136-2330
 8495 6000 NO RP 28 08292011 YYNNNNYNN 01 005578 0019

TOM BAUMANN
 261 NW 35TH ST APT 2
 MIAMI, FL 33127-3438

Account Number [REDACTED]
 Payment Due By 09/17/11
 Total Amount Due [REDACTED]
 Amount Enclosed \$

Make checks payable to Comcast

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098



T-Mobile

Your Statement

Statement For: **TOM BAUMANN**
Mobile Number: [REDACTED]
Account Number: [REDACTED]

Important Information

Thank you for using EasyPay. Amount will be forwarded for automatic processing. Do not pay this bill or mail remittance.

AT 01 018793 35857B 72 A**3DGT



TOM BAUMANN
261 NW 35TH ST APT 2
MIAMI FL 33127-3438

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2013 SEP 17 PM 4: 20
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

Summary

Previous Balance \$ [REDACTED]
Pmt Rec'd - Thank You \$ [REDACTED]

Total Past Due \$ -
(Due Immediately)

Monthly Recurring Chgs \$ [REDACTED]
Other Charges \$ [REDACTED]
Taxes & Surcharges \$ [REDACTED]

Total Current Charges \$ [REDACTED]
Current Charges Due By 10/02/13

Grand Total \$ [REDACTED]

Honoring 2013 Lifeline Awareness Week

Access to affordable telephone service is important to all Americans. Lifeline offers eligible consumers savings on basic telephone service.

You may qualify for Lifeline benefits if you:

- Are eligible for benefits of a participating public assistance program, such as Medicaid, Food Stamps or SNAP, or if you meet certain income requirements
- Live in a household not already receiving Lifeline benefits
- Meet other state and federal requirements

To learn more about T-Mobile's Lifeline program including where it is available, visit us at www.t-mobile.com/lifeline. T-Mobile offers Lifeline services only in areas where it has been designated as an Eligible Telecommunications Carrier.

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT PLEASE MAKE SURE ADDRESS SHOWS THROUGH WINDOW.

T-Mobile

Statement For: **TOM BAUMANN**
Mobile Number: [REDACTED]
Account Number: [REDACTED]

T-MOBILE
PO BOX 790047
ST. LOUIS MO 63179-0047



Amount Due By 10/02/13	Amount Enclosed
[REDACTED]	[REDACTED]

- For EasyPay Option - check box and complete the reverse side
- If you have changed your address - check box and record new address on the reverse side.

