

**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

**OFFICE USE ONLY**  
2013 NOV -4 PM 2:17  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI, FL

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 10 / 12 / 13 To 10 / 31 / 13 Report Type G3-13

- Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 85.00

Loans \$ 0.00

Total Monetary \$ 85.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 149.98

Transfers to Office Account \$ 0.00

Total Monetary \$ 149.98

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 249.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 237.70

**(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 electioneering commun.)  Treasurer  Deputy Treasurer

X Naomi Craine  
Signature

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

(Type name) TOM BAUMANN

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Tom Baumann  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 10 / 12 / 13 through 10 / 31 / 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
(6) Sequence Number							
10 / 12 / 13	CONTRIBUTOR 6	I		CAS			15.00
1							
10 / 12 / 13	CONTRIBUTOR 7	I		CHE			10.00
2							
10 / 12 / 13	CONTRIBUTOR 8	I		CHE			20.00
3							
10 / 12 / 13	CONTRIBUTOR 1	I		CHE			10.00
4							
10 / 12 / 13	CONTRIBUTOR 9	I		CHE			30.00
5							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

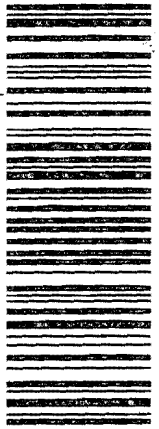
(1) Name TOM BAUMANN (2) I.D. Number 0000  
 (3) Cover Period 10 / 12 / 13 through 10 / 31 / 13 (4) Page 1 of 1

(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					
10 / 23 / 13	CONTRIBUTOR 1	LOAN REPAYMENT	MON		\$100.00
1					
10 / 30 / 13	VENDOR 1	PRINTING	MON		\$41.98
2					
10 / 31 / 13	VENDOR 3	BANK FEE	MON		\$8.00
3					
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7011 270 000 0L62 TT01

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Miami, FL 33133

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