

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Denise Galvez Turros (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Denise Galvez Turros.
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 for the office of Commissioner in District Number 4 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. 4-573.001

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

2130 SW 20 Street Miami, FL 33145

which is my legal address, and I have resided continually at said address from the 1st day of July, 2005 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):

<u>Prior Addresses</u>	<u>For the Period</u>
<u>10771 SW 67 Drive Miami, FL 33173</u>	<u>4/75 - 7/2005</u>
<u>Miami, FL 33173</u>	

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):

2130 SW 20 Street Miami, FL 33145

7. Affiant's minor children reside at the following address (must include city, state and zip code):
2130 SW 20 Street Miami, FL 33145

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:
GTMPR (Go To Marketing, Inc)

147 Alhambra Circle Suite 205 Coral Gables, FL 33134

10. Affiant's occupation: Marketing Professional

Affiant's business telephone number(s): 305 774-7061

11. Affiant has been employed in the above-cited capacity for the following period of time:
2005 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).

N/A

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.

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

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14. Affiant's campaign headquarters address and telephone number:
147 Alhambra Circle, Suite 205 Coral Gables, FL 33134

Affiant's campaign treasurer's name:
Jorge Gonzalez

Affiant's campaign treasurer's address:
147 Alhambra Circle Suite 205 Coral Gables, FL 33134

Telephone numbers: (work) 305 916-0079
(home) 305 303- 2715

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

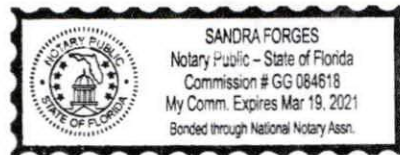
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Denise Galvez Turros

SIGNED THIS 20 DAY OF September, 2017

Denise Galvez Turros
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Denise Galvez Turros who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

Sandra Forges
for CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath
 Produced identification
Type of identification produced: FL Driver License

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Galvez Turros, Denise

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CITY OF MIAMI

MAILING ADDRESS :
2130 SW 20 Street

CITY : Miami, FL ZIP : 33145 COUNTY : Miami- Dade

NAME OF AGENCY :
CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City of Miami Commission District 4

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

**** **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, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
GTMPR (Go To Marketing, Inc)	147 Alhambra Circle Suite 205 Coral Gables, F FL 33134	Marketing and PR services

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			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

2130 SW 20 Street Miami, FL 33145 (Primary Residence)

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
n/a	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
BSI Financial (Mortgage Loan)	1425 Greenway Drive Suite 400 Irving, TX 75038

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")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	GTMPR (Go To Marketing, Inc)	
ADDRESS OF BUSINESS ENTITY	147 Alhambra Circle, Suite 205	
PRINCIPAL BUSINESS ACTIVITY	MARketing and PR Services	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	

PART G — TRAINING
For elected municipal officers 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

<p align="center"><u>SIGNATURE OF FILER:</u></p> <p>Signature: _____ <i>[Handwritten Signature]</i></p> <p>Date Signed: _____ <i>9/20/17</i></p>	<p align="center"><u>CPA or ATTORNEY SIGNATURE ONLY</u></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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FILING INSTRUCTIONS:

<p>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.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>NOTE: 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.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>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.</p> <p>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.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>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.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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, 2016.</p>
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**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Denise Galvez Turros

(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 for the nonpartisan office of City of Miami Commission, 4,

(office) (district #)

; 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.

X Denise Galvez 305-916-0076 denise@denise4miami.com
Signature of Candidate Telephone Number Email Address

147 Alhambra Circle Coral Gables FL 33134
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109458910

* 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):

D-EE-NISE GALVEZ T-OO-ROS

STATE OF FLORIDA

COUNTY OF Miami-Dade

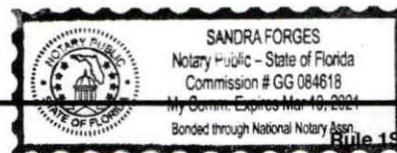
Sworn to (or affirmed) and subscribed before me this 20th day of September, 20 17.

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



LOYALTY OATH

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STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

I, Denise Galvez Turros
First Name Middle Initial 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.

[Signature]
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Denise Galvez Turros

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 4**, 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.

[Signature]
Signature of Candidate

147 Alhambra Circle Suite 205 Coral Gables FL 33134

Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 20th day

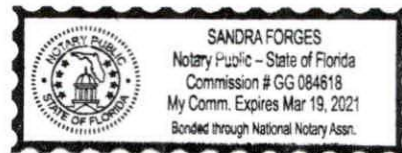
of September, 2017.

[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



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

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CITY OF MIAMI

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, DENISE CALVEZ TURROS, a candidate for the office of
please print your name
CITY OF MIAMI COMMISSION D4 in MIAMI DADE, MIAMI, FL,
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.

x 
Signature

9/20/17
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 87th Ave. **or** P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

DENISE GALVEZ TURROS CAMPAIGN 125

Date 9/20/17

Pay to the Order of City of Miami \$ 682.00

Six hundred eighty-two and 00/100 Dollars

 BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

For Qualifying 2017 D4 Denise Galvez MP

Photo Safe Deposit®
Details on back



City of Miami
OFFICIAL RECEIPT

No. 485043

\$ 682.00 Sales Tax \$ — Total \$ 682.00 Date: 9/20/17
Six Hundred & Eighty Six 00/100 /100 Dollars

Received from: Denise Galvez Turros

Address: 2130 SW 20th St Miami FL 33145

For: Qualifying-Commission D4 Reference No: Check NO. 125

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: Election

C FN/TM 402 Rev. 03/03

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



DENISE GALVEZ
2130 SW 20TH ST
MIAMI, FL 33145-2604

Page: 1 of 2
Bill Cycle Date: 12/23/14 - 01/22/15
Account: [REDACTED]

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Monthly Statement

Bill-At-A-Glance

Previous Balance	\$68.46
Payment	\$0.00
Adjustments	\$0.00
Past Due - Please Pay Immediately	\$68.46
New Charges	\$47.79
Total Amount Due	\$116.25
New Charges Due in Full by	Feb 17, 2015

PD
\$116.25
Feb 17, 2015

AT&T Digital Life Visit att.com/refer

Share the love

Get a \$25 Reward Card

Who's first to refer a friend who purchases and activates Smart Security - up to \$25 per calendar year receives a \$25 Reward Card too!

Service Summary

Service	Page	Total
Account Charges	1	\$5.00
Digital Life	1	\$42.79
Total New Charges		\$47.79

Account Charges

Other Charges and Credits

One-Time Charges

Date	Description	
01/22	Late Payment Charge	5.00

Total Account Charges 5.00

2130 SW 20TH ST MIAMI FL

Smart Security - Includes 24/7, UL certified, professionally monitored home security service and one Keypad, Indoor Siren, Keychain Remote, 4-Pack of Contact Sensors, any three smart security devices (Motion, Glass Break, Carbon Monoxide, or Smoke Sensors) and the ability to add enhanced packages.

Monthly Charges - Jan 23 thru Feb 22

1. Smart Security	39.99
2. Wireless Service	0.00
Total Monthly Charges	39.99

Other Charges and Credits

Government Fees and Taxes

3. County Surtax	0.40
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How to Contact Us:

Visit us online: att.com/mydigitallife
Call us: 1 855 288-2727

For Important Information about your bill, please see the **News You Can Use** section (Page 2).



DENISE GALVEZ
 2130 SW 20TH ST
 MIAMI, FL 33145-2604

Page: 2 of 2
 Bill Cycle Date: 12/23/14 - 01/22/15
 Account: [REDACTED]

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OFFICE OF THE CITY CLERK
 CITY OF MIAMI
 Visit us online at: www.att.com/mydigitallife

2130 SW 20TH ST MIAMI FL

Other Charges and Credits - Continued

4. FL State Sales Tax	2.40
Total Government Fees and Taxes	2.80
Total Other Charges & Credits	2.80
Total for 2130 SW 20TH ST	42.79
Total for Digital Life accounts	42.79

your account. Funds may be withdrawn from your account as soon as the same day your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your AT&T Service Agreement. Returned checks may be presented electronically. If you want to save time and stamps, sign up for auto payment at www.att.com/stoppaper using your checking account. It's easy, secure, and convenient!

News You Can Use

*****THIS BILL INCLUDES A PAST DUE BALANCE*****

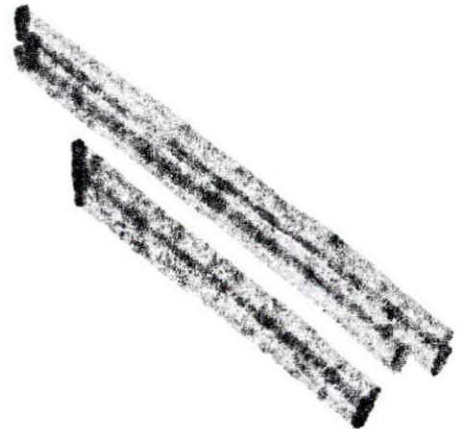
If payment has already been made, thank you, please disregard. If not, payment must be made immediately. Please send your payment, including current charges, in the enclosed envelope. You may also pay 24 hours a day, by major credit card or electronic check at 1-800-331-0500, or att.com/MyWireless. If your service is suspended, a reconnection fee will apply. If you have questions regarding your account, contact us at 1-800-947-5096.

MOVING SOON?

AT&T can help. Call us to move your existing services or to order new home phone, high speed internet and Digital TV services. 800-MOVE-ATT (800-668-3288) or visit www.att.com/move.

GET THE SMARTPHONES YOUR FAMILY WANTS

Technology doesn't wait and neither should your family. Get a new smartphone for \$0 down with AT&T Next(SM). Learn more about AT&T Next(SM) and choose from our great selection by visiting www.att.com/addaline or calling 800-449-1672.



Important Information

LATE PAYMENT FEE

The late payment fee for bills not paid in full by the payment due date is \$5.

ELECTRONIC CHECK CONVERSION

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from





DENISE GALVEZ
2130 SW 20TH ST
MIAMI, FL 33145-2604

Page: 1 of 2
Bill Cycle Date: 08/04/17 - 09/03/17
Account: [REDACTED]

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OFFICE OF THE CITY CLERK
CITY OF MIAMI
watch, surf, text and save with a bundle that fits your needs and your budget.
Visit us online at: www.att.com/mydigitallife

Monthly Statement

Bill-At-A-Glance

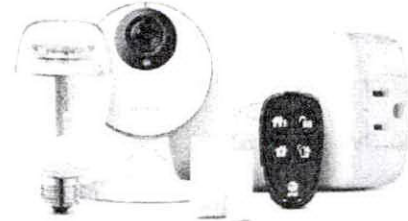
Previous Balance	\$3.08
Payment	\$0.00
Adjustments	\$82.50CR
Balance	\$79.42CR
New Charges	\$42.79
Balance	\$36.63CR

Payment is Not Required

Service Summary

Service	Page	Total
Digital Life	1	\$42.79
Total New Charges		\$42.79

Install without a call



Use the self-connect portal to connect devices on your own!
Automation pkgs with separate 2 yr agmt & fees, charges apply. Visit att.com/digitallife for details.



Go to ourlivingroom.att.com/connect-yourself

Payments & Adjustments

Item No.	Description	
1.	Digital Life - Miscellaneous Credit 305-762-0237	82.50CR
Total Payments & Adjustments		82.50CR

2130 SW 20TH ST MIAMI FL

Smart Security - Includes 24/7, UL certified professional monitored home security service with the option to add automation packages.

Monthly Charges - Sep 4 thru Oct 3

1. Smart Security	39.99
-------------------	-------

Other Charges and Credits

Government Fees and Taxes

2. County Surtax	0.40
------------------	------

Manage Your Account:

Visit us online: att.com/mydigitallife
Call us: 1 855 288-2727



For Important Information about your bill, please see the **News You Can Use** section (Page 2).



DENISE GALVEZ
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2130 SW 20TH ST MIAMI FL

Other Charges and Credits - Continued

3. FL State Sales Tax	2.40
Total Government Fees and Taxes	2.80
Total Other Charges & Credits	2.80
Total for 2130 SW 20TH ST	42.79
Total for Digital Life accounts	42.79

soon as the same day your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your AT&T Service Agreement. Returned checks may be presented electronically. If you want to save time and stamps, sign up for auto payment at www.att.com/autopay using your checking account. It's easy, secure, and convenient!

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We appreciate your business and we want to make sure you're getting the most out of your service. Need to add another device to your current plan? Right now, we have a huge selection of smartphones, tablets, smart watches and more that will give you the freedom to watch, talk, text, surf and share - virtually anytime, anywhere. Call 844.266.5338 or go to att.com/IWantItAll today so we can help you choose the device that fits you best.

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Important Information

LATE PAYMENT FEE

The late payment fee for bills not paid in full by the payment due date is \$5.

ELECTRONIC CHECK CONVERSION

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as

