

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2017 SEP 19 AM 9:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

CHRISTIAN CANACHE (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is CHRISTIAN CANACHE.

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 _____ 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. 569.

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

1865 BRICKELL AVENUE A1213 MIAMI FLORIDA 33129

which is my legal address, and I have resided continually at said address from the 08 day of AUGUST, 2000 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

For the Period

N/A

N/A

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:
ANDROS CONSULTING INTERNATIONAL LLC

1110 BRICKELL AVENUE SUITE 430 MIAMI FLORIDA 33131

10. Affiant's occupation: BUSINESS CONSULTANT

Affiant's business telephone number(s): 305-3027983

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

(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.

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14. Affiant's campaign headquarters address and telephone number:
1110 BRICKELL AVENUE SUITE 430 MIAMI FLORIDA 33131

Affiant's campaign treasurer's name:
CHRISTIAN CANACHE

Affiant's campaign treasurer's address:
1110 BRICKELL AVENUE SUITE 430 MIAMI FLORIDA 33131

Telephone numbers: (work) 305-3027983
(home) 305-3027983

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

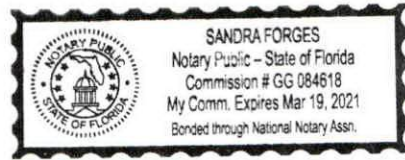
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: CHRISTIAN CANACHE

SIGNED THIS 19 DAY OF SEPTEMBER, 2017.

[Signature]
AFFILIANT

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

[Signature]
for
CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

- Did take an oath
- Produced identification

Type of identification produced: FL Driver's 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 :
CANACHE, CHRISTIAN

MAILING ADDRESS :
P.O. BOX 310655

CITY : MIAMI FLORIDA ZIP : 33231 COUNTY : MIAMI - DADE

NAME OF AGENCY :
CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
CITY OF MIAMI MAYOR

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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
ANDROS CONSULTING INTL	1110 BRICKELL AVE. STE 430 MIAMI FL 33129	BUSINESS CONSULTING

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")

N/A

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
BMW BANK OF NORTH AMERICA	P.O. BOX 3608 DUBLIN OH 43016-0306

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")

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

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

SIGNATURE OF FILER:

Signature:



Date Signed:

Sep 19, 2017

CPA or ATTORNEY SIGNATURE ONLY

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:

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.

CPA/Attorney Signature: _____

Date Signed: _____

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, write "none" or "n/a" in that section(s).

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.

Facsimiles will not be accepted.

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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.

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2017 SEP 19 AM 9:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, CHRISTIAN CANACHE

(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 MAYOR, _____,

(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

Signature of Candidate

(305)3027983

Telephone Number

ccanache@christiancanache.com

Email Address

1865 BRICKELL AVE A1213 MIAMI

Address

City

FLORIDA

State

33129

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 118516985

* 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 Miami-Dade

Sworn to (or affirmed) and subscribed before me this 19th day of September, 2017.

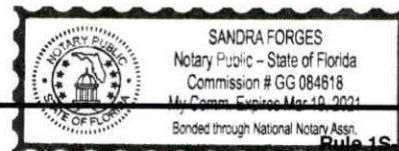
Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL Driver's License

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

CHRISTIAN

CANACHE

I, _____
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.

[Handwritten Signature]

Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF MAYOR

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

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **Mayor**, 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.

[Handwritten Signature]

Signature of Candidate

1865 BRICKELL AVENUE A1213 MIAMI FL 33129

Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 19th day of September, 2017.

[Handwritten Signature]

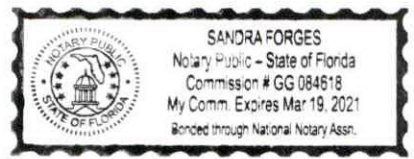
Signature of Officer Administering Oath or Notary Public

Sandra Forges

Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver's License



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

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 OFFICE OF THE CLERK
 CITY OF MIAMI

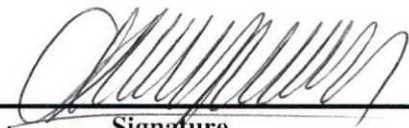
The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their 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, CHRISTIAN CANACHE, a candidate for the office of
please print your name
CITY OF MIAMI MAYOR in CITY OF MIAMI
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

Sep 19 2017
 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

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 16-7, Miami City Code)

I, CHRISTIAN CANACHE, a candidate for the office of
MAYOR OF CITY OF MIAMI do hereby certify, pursuant

to Section 16-7, Miami City Code, that I am unable to pay the \$100 City of Miami qualifying fee required per Section 16-6, Miami City Code, to qualify as a candidate for elected office because paying the qualifying 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 TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Sep 19 2017
Date

[Signature]
Signature of Candidate

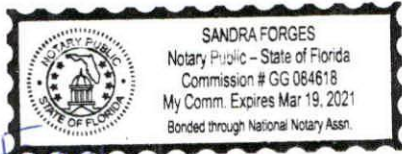
Address: P.O. BOX 310655

City: MIAMI State: FL Zip: 33231

Sworn to (or affirmed) and subscribed before me this 19th day of September,

20 17 by Christian Canache.

[Signature]
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver's License

FOR OFFICE USE ONLY:

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CITY OF MIAMI

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 99.093(2), Florida Statutes)

I, CHRISTIAN CANACHE, a candidate for the office of
Print Name
MAYOR OF CITY OF MIAMI do hereby certify, pursuant
to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$ 970⁰⁰ 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.

Sep 19 2017
Date

[Signature]
Signature of Candidate

Address: P.O. BOX 310655
City: MIAMI State: FLORIDA Zip: 33231

Sworn to (or affirmed) and subscribed before me this 19th day of September
, 20 17 by Christian Canache.

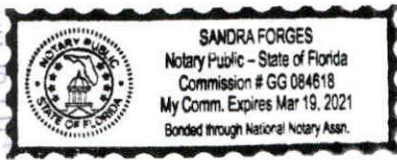
[Signature]
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification

Type of Identification Produced FL Driver's License

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CITY OF MIAMI



Received by:
Name: Sandra Forges
City: Miami

Telephone: (305) 250-5369
Date of Election: November 7, 2017

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783



CFN 2008R0974006
 DR Bk 26672 Pg 3842 (1pg)
 RECORDED 12/04/2008 12:36:14
 HARVEY RUVIN, CLERK OF COURT
 MIAMI-DADE COUNTY, FLORIDA
 LAST PAGE

DECLARATION OF DOMICILE

**TO THE STATE OF FLORIDA AND
 COUNTY OF MIAMI-DADE:**

This is my Declaration of Domicile in the State of Florida that I am filing this day in accordance, and in conformity with Section 222.17, Florida Statutes.

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 CITY OF MIAMI

I, CHRISTIAN CANACHE was formerly a legal resident of CARACAS
Print Name City

MIAMIDA, and I resided at CALLE LONDRES EDIFICIO LAS MERCEDES, however, I have changed my
State Street Address

Domicile to and have been a bona fide resident of the State of Florida since the 08 day of 08, 2000

I now reside at 1865 BRICKELL AV APT A1213, MIAMI
Street Address City

Miami-Dade County, Florida, and this statement is to be taken as my declaration of actual legal residence and permanent domicile in this State and County to the exclusion of all others, and I will comply with all requirements of legal residents of Florida.

I understand that as a legal resident of Florida: I must purchase Florida license plates for motor vehicles, if any, owned by me, and/or my spouse; if I vote, I must vote in the precinct of my legal domicile and that my estate will be probated in the Florida Courts.

I was born in the U.S.A.: Yes No Place of birth: CARACAS

Naturalized citizen - Where: _____ Date: _____ No. _____

Lawful Permanent Resident: Date: 08-06-2000 No. 047-360-298

CHRISTIAN CANACHE
Signature
CHRISTIAN CANACHE
Print Name
1865 BRICKELL AV APT A1213 MIAMI FL 33129
(Mailing Address)

**STATE OF FLORIDA
 COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me this 04 day of DECEMBER, 2008.

NOTARY PUBLIC STATE OF FLORIDA
 Barbara Lozano
 Commission # DD821079
 Notary Public State of Florida in Charge of Deputy Clerk
 BOND THRU ATLANTIC BONDING CO., INC.

Print, Type or Stamp name of notary

Type of LD. Produced# _____

Penalty for perjury: up to five (5) years in State Prison and \$5,000 fine (F.S. 837.02)



P.O. Box 15284
Wilmington, DE 19850

CHRISTIAN W CANACHE
1865 BRICKELL AVE APT A1213
MIAMI, FL 33129-1641

Customer service information

- ☎ Customer service: 1.800.432.1000
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- 🌐 bankofamerica.com
- ✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Your combined statement

for August 09, 2017 to September 6, 2017

Your deposit accounts	Account/plan number	Ending balance	Details on
[REDACTED]	[REDACTED]	[REDACTED]	Page 3
[REDACTED]	[REDACTED]	[REDACTED]	Page 5
Total balance		[REDACTED]	

THE VIETNAM WAR

A 10-part, 18-hour landmark event
Check your local listings for times



Bank of America proudly supports Ken Burns' and Lynn Novick's film, *The Vietnam War*. Because we believe that understanding the perspectives of our past helps connect us all and make us better.

Watch it. Talk about it. **#betterconnected**

bankofamerica.com/vietnamwar

LIFE / BETTER CONNECTED

©2017 Bank of America Corporation

SSM-07-17-0118.B | ARDMFFWW

BMW Financial Services

Account Statement



Page 1 of 2

Statement 21 of 60

ACCOUNT SUMMARY

CHRISTIAN CANACHE

Account Number: [REDACTED]
 Statement Date: 08/29/17
 Maturity Date: 12/17/20
 Vehicle Description: [REDACTED]
 VIN: [REDACTED]
 Payoff Amount: [REDACTED] Good Through: 09/17/17

Customer Service Contact: (800) 578-5000
 Hours: Mon - Thurs 9:00 to 9:00 ET; Fri 9:00 to 6:00 ET
 Website: bmwusa.com/mybmw

TRANSACTION(S) SINCE LAST STATEMENT

Date	Account Activity	Charges	Amount Paid
	Previous Statement Balance	[REDACTED]	[REDACTED]
08/14/17	Payment Received	[REDACTED]	[REDACTED]
09/17/17	Current Payment Due	[REDACTED]	[REDACTED]
	Please Pay This Amount	[REDACTED]	[REDACTED]

Payments received after statement date are not reflected.

Principal	Interest	Other Charges	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Payments greater than your regularly scheduled monthly payment and paid on or before your scheduled due date can reduce the interest paid over the life of the account. Reducing your principal balance quicker will effectively reduce your final payment and may shorten the term of your contract. Review your Amortization Schedule online to see how the distribution of principal and interest have been impacted.

AMOUNT DUE

Past Due Amount: \$0.00
 Current Charges: [REDACTED]
Total Amount Due: [REDACTED]

A payment grace period applies to Current Charges only. Past due payments and Current Charges must be received by 09/27/17 to avoid a late charge.

Allow 5-7 days for your payment to reach us. Please detach here and return this portion with your payment. Always put your complete account number on your check or money order.



BMW Bank of North America
 P.O. Box 3608
 Dublin, OH 43016-0306

Changes? If you are making changes to your address or want to sign up for Paperless Statements, check the box at the left and complete the reverse side.

CHRISTIAN CANACHE
 1865 BRICKELL AVE APT A1213
 MIAMI FL 33129-1641

IMPORTANT INFORMATION

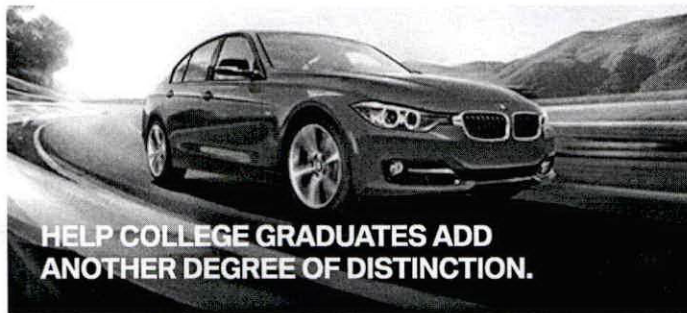
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REMITTANCE SECTION

Account Number [REDACTED]
Total Amount Due [REDACTED]
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 Amount Enclosed \$ _____

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