

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED

2017 SEP 22 AM 9:42

OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Alfonso M. Leon (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Alfonso M. Leon.
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 3 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. 596.

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

2368 SW 4th St. Miami, FL 33135

which is my legal address, and I have resided continually at said address from the 4 day of April 2016 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

1861 NW S. River Drive #1006
Miami, FL 33125

June 2012 - March 2016

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):

2368 SW 4th St. Miami, FL 33135

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:

Law Office of Alfonso Leon
7735 NW 146th St. Miami Lakes, FL

10. Affiant's occupation: Attorney

Affiant's business telephone number(s): 786.395.0849

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

one year

(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).

City of Miami 3500 Pan American Drive
Chief Policy Advisor

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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CITY OF MIAMI

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

2368 SW 4th St Miami, FL 33135 / 786.782.3448

Affiant's campaign treasurer's name:

Brian Quintana

Affiant's campaign treasurer's address:

325 Almeria Ave, Miami, FL 33134

Telephone numbers: (work) N/A

(home) 1 877 550 8243

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:

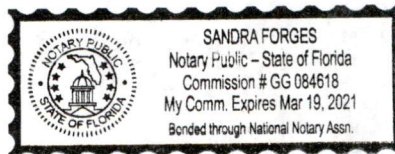
Alfonso "Alfie" Leon

SIGNED THIS 22 DAY OF September, 2017.

[Signature]
AFFIANT

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

[Signature]
CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: U.S. Passport

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

AFFIDAVIT OF NICKNAME

STATE OF Florida
COUNTY OF Dade

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

BEFORE ME, the undersigned, personally appeared:

Alfonso M. Leon
(write legal name of candidate)

who being first duly sworn or placed under affirmation says:

- 1. My legal name is: Alfonso M. Leon.
I am over the age of eighteen (18) and the contents of this affidavit are true and correct.
- 2. I am a candidate for the office of: Miami Commissioner District 3.
- 3. My nickname is: Alfie.

I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the same name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

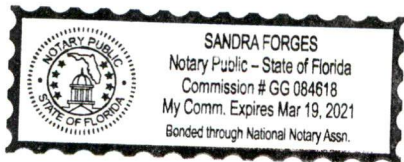
- 4. Attached are documents that show that my nickname is one by which I am generally known or one that I have used as a part of my legal name. [List the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name.]

- A. City of Miami Business Card.
- B. Miami-Dade County Board Annual Brochure.
- C. RWJF Name Placard.

Alfonso "Alfie" Leon
Printed /Typed Name of Affiant

Alf L
Signature of Affiant

Sworn to me this 22nd day of September 2017.



[Signature]
Notary Public
Sandra Forges
Printed Name
March 19, 2021
My Commission Expires

Personally known or Produced Identification

Type of Identification Produced: U.S. Passport

City of Miami

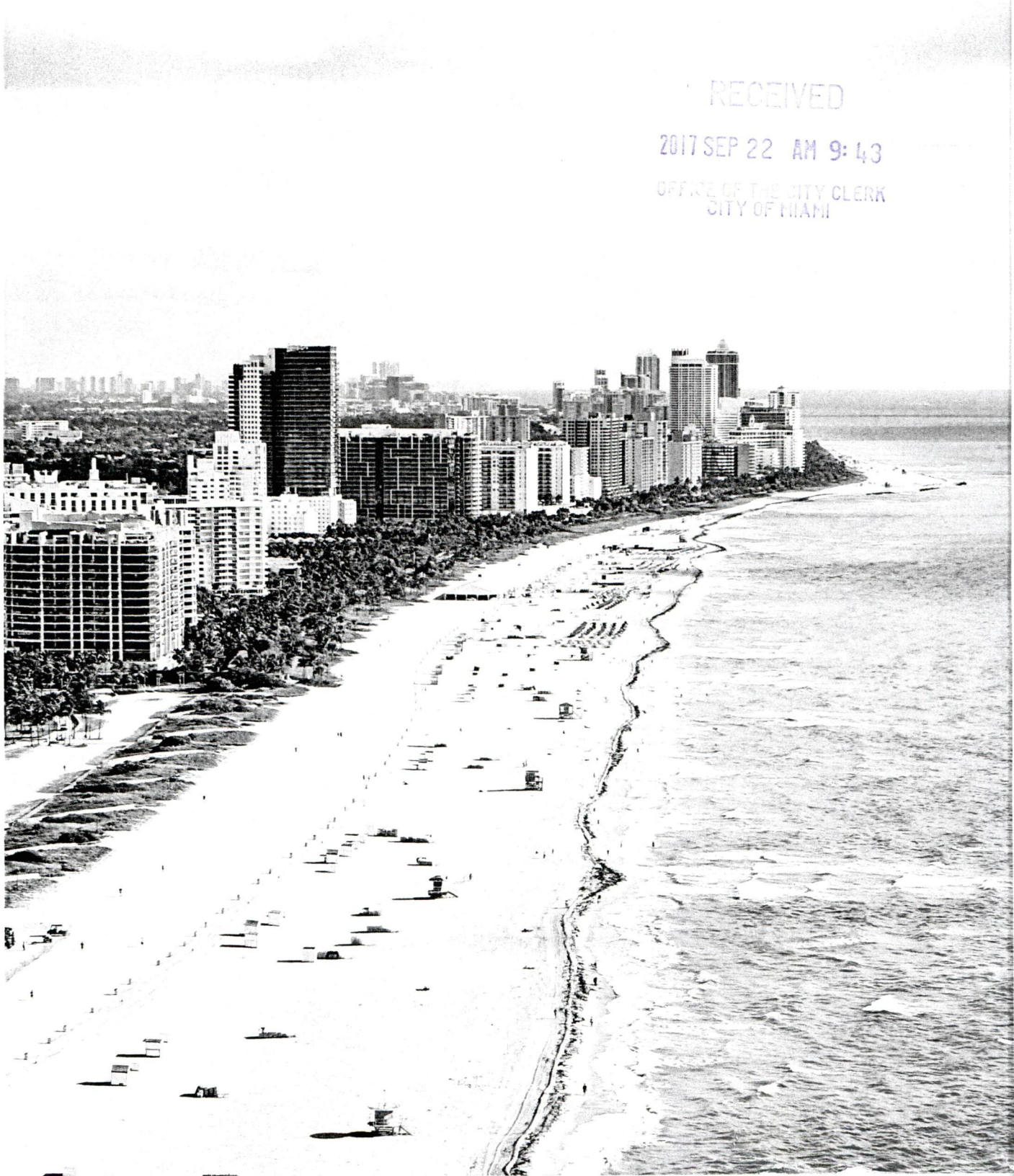


ALFONSO "ALFIE" LEON
Legislative Aide

OFFICE OF COMMISSIONER FRANK CAROLLO
3500 Pan American Drive, Miami, FL 33133
(305) 250-5380 / E-Mail: aleon@miamigov.com

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2014-2015 Annual Report



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CONSORTIUM
FOR A
HEALTHIER
MIAMI-DADE



Sponsored by the Florida Department of Health in Miami-Dade County

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CITY OF MIAMI

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Acknowledgements

Florida Department of Health in Miami-Dade County

Lillian Rivera, RN, MSN, PhD

Administrator

Consortium Executive Board

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Alina Soto

Department of Children and Families
Co-Chair, Executive Board
Chair, Children Issues

Karen Hamilton

South Florida Regional Planning Council
Co-Chair, Executive Board
Chair, Health and the Built Environment

Alfie Leon

Florida International University
Vice-Chair, Children Issues

David Saltman

Florida International University
Chair, Elder Issues

Beatiz Jimenez

Miami-Dade County
Vice-Chair, Elder Issues

Cheryl Jacobs

Center for Architecture & Design
Vice-Chair, Health and Built Environment

Leyanee Perez

The American Healthy Weight Alliance
Chair, Health Promotion and Disease Prevention

Katiana Diaz

YWCA- Greater Miami-Dade
Vice-Chair, Health Promotion and Disease Prevention

Nelly Rubio

CBS Television
Chair, Marketing and Membership

Jeffrey Hurst

Department of Children and Families
Vice-Chair, Marketing and Membership

Nancy Hernandez

Florida International University
Chair, Tobacco-Free Workgroup

Georgette Baeza Kores

Royal Caribbean Cruiseline
Vice-Chair, Tobacco-Free Workgroup

Marlene Rodriguez

Bayview Asset Management,
Chair, Worksite Wellness

Dr. M. Enrique Flores

Shin Wellness
Vice-Chair, Worksite Wellness

Marisel Losa

Health Council of South Florida
President & CEO at Health Council of South Florida

Ann-Karen Weller

Florida Department of Health in Miami-Dade County
Director, Office of Community Health and Planning

Valerie Turner

Florida Department of Health in Miami-Dade County
Management Review Specialist, Office of Community Health and Planning

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Robert Wood Johnson Foundation



Alfie Leon
Miami-Dade County

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 :
Leon - Alfonso - M

MAILING ADDRESS :
2368 SW 4th St.

CITY : **Miami** ZIP : **33135** COUNTY : **Miami Dade**

NAME OF AGENCY :
City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner District 3

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

**** **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
City of Miami	3500 Pan American Drive	Municipality
Law office of Alfonso Leon	7735 NW 146th Street	Law Practice

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")

2368 SW 4th St. Miami, FL 33135

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
Checking Account	Bank of America
Savings Account	Bank of America

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Nelnet	P.O. Box 82565 Lincoln, NE 68501-2561

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
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:

[Handwritten Signature]

Date Signed:

9/22/17

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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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Alfonso "Alfie" Leon
(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 Miami Commissioner, 3,
(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 Alf L (786) 780.3448 alfie@alfieleon.com
Signature of Candidate Telephone Number Email Address
2368 SW 4th St Miami FL 33135
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110117223

* 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):

AH-L-F-OU-N-S-O "AH-L-F-EE" L-E-OU-N

STATE OF FLORIDA

COUNTY OF Miami-Dade

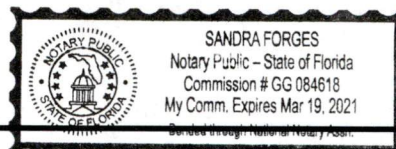
Sworn to (or affirmed) and subscribed before me this 22nd day of September, 2017.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: U.S. Passport

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



LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Alfonso M. Leon
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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Alfonso M. Leon
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 3**, 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

2368 SW 4th St. Miami FL 33135
Address City State ZIP Code

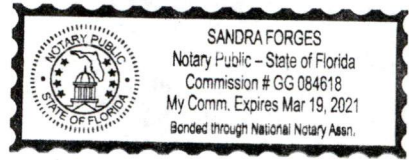
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 22nd day of September, 2017.

[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: U.S. Passport



ALFONSO M LEON
LEON FOR MIAMI COMMISSIONER
2368 SW 4TH ST
MIAMI FL 33135-3134

1011

DATE 9-22-17

PAY TO THE ORDER OF

City of Miami

\$ 682.00

Six Hundred Eighty-Two

00/100

DOLLARS



Security Features Details on Back.

Bank of America

FOR

Candidate Qualifying

[Signature]



City of Miami
OFFICIAL RECEIPT

No. 485050

\$ 682.00 Sales Tax \$ - Total \$ 682.00

Date: 9/22/17

Six Hundred and Eighty Two

00/100 /100 Dollars

Received from: ALFONSO M. LEON

Address: 2368 SW 4th St. Miami, FL 33135

For: Qualifying - District 3 Commissioner Reference No: check NO. 1011

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

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CITY OF MIAMI



Account Number [REDACTED]
 Billing Date 09/11/17
 Total Amount Due \$71.99
 Payment Due By 10/02/17
 Page 1 of 4

Contact us: @ xfinity.com/customersupport

Alfonso Leon

For service at:
 2368 SW 4TH ST
 MIAMI FL 33135-3134

Thanks for choosing XFINITY from Comcast

Visit xfinity.com/moving today to help you stay connected to all of your XFINITY services.

For quick and convenient ways to manage your account, view and pay your bill, please visit www.Xfinity.com/myaccount

Monthly Statement Summary

Previous Balance	71.99
One-time EFT Payment - 09/07/17	-71.99
New Charges - see below	71.99
Total Amount Due	\$71.99
Payment Due By	10/02/17

New Charges Summary

Bundled Services	49.99
Additional TV Services	9.95
Other Charges & Credits	7.00
Taxes, Surcharges & Fees	5.05
Total New Charges	\$71.99



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 CITY OF MIAMI

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



If undeliverable, please return to:
 141 NW 16TH ST POMPANO BEACH FL 33060-5250
 8495 6000 NO RP 11 09122017 NNNNNYNN 01 005686 0020

ALFONSO LEON
 2368 SW 4TH ST
 MIAMI, FL 33135-3134

Account Number	[REDACTED]
Payment Due By	10/02/17
Total Amount Due	\$71.99
Amount Enclosed	\$

Make checks payable to Comcast, and remit to address below

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098





Service Details

Contact us: @ xfinity.com/customersupport

Account Number	████████████████████
Billing Date	09/11/17
Total Amount Due	\$71.99
Payment Due By	10/02/17
	Page 2 of 4

Bundled Services

Internet Plus	09/15 - 10/14	74.95
Includes Limited Basic, Streampix, Selected Premium Channel, TV Box and Performance Internet		
Service Discount		-24.96
Total Bundled Services		\$49.99

Additional TV Services

Showtime	09/15 - 10/14	0.00
Included in Bundle		
Service To Additional TV	09/15 - 10/14	9.95
With TV Box		
Total Additional TV Services		\$9.95

Other Charges & Credits

Broadcast TV Fee	7.00
Total Other Charges & Credits	\$7.00

Taxes, Surcharges & Fees

TV		
State Communications Service Tax	2.62	
Local Communications Service Tax	2.02	
Sales Tax	0.32	

Taxes, Surcharges & Fees, cont.

FCC Regulatory Fee	0.09
Total Taxes, Surcharges & Fees	\$5.05

Important Account Information

For closed captioning concerns and other accessibility issues affecting customers with disabilities, call 855-270-0379, go online for a live chat at <https://www.xfinity.com/support/account/accessibility-services> or email accessibility@comcast.com or write to Comcast 1701 John F Kennedy Blvd., Phila. PA 19103-2838 Attn: S. Adams, or fax: 1-866-599-4268.

Accounts that are not paid in full by the due date are subject to a \$9.50 fee.



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 CITY OF MIAMI



We're ready to help you when you need us.
 Online
xfinity.com/support

By app
 Use the My Account app. Download at xfinity.com/apps

By Phone
 Call 1-800-934-6489 (1-800 XFINITY)

In Store
 At your nearest XFINITY store
 Find one at xfinity.com/storelocator

By chat
 Visit xfinity.com/chat

Hearing/Speech Impaired Call 711



Account Number [REDACTED]
 Billing Date 08/11/17
 Total Amount Due \$71.99
 Payment Due By 09/01/17
 Page 1 of 2

Contact us: @ xfinity.com/customersupport

Alfonso Leon

For service at:
 2368 SW 4TH ST
 MIAMI FL 33135-3134

Thanks for choosing XFINITY from Comcast

Visit xfinity.com/moving today to help you stay connected to all of your XFINITY services.

For quick and convenient ways to manage your account, view and pay your bill, please visit www.Xfinity.com/myaccount

Monthly Statement Summary

Previous Balance	62.82
One-time EFT Payment - 08/11/17	-62.82
New Charges - see below	71.99
Total Amount Due	\$71.99
Payment Due By	09/01/17

New Charges Summary

Bundled Services	49.99
Additional TV Services	9.95
Other Charges & Credits	7.00
Taxes, Surcharges & Fees	5.05
Total New Charges	\$71.99



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



If undeliverable, please return to:
 141 NW 16TH ST POMPANO BEACH FL 33060-5250
 8495 6000 NO RP 11 08122017 NYNNYNN 01 002215 0011

ALFONSO LEON
 2368 SW 4TH ST
 MIAMI, FL 33135-3134

Account Number	[REDACTED]
Payment Due By	09/01/17
Total Amount Due	\$71.99
Amount Enclosed	\$

Make checks payable to Comcast, and remit to address below

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098





Service Details

Contact us: @ xfinity.com/customersupport

Account Number	[REDACTED]
Billing Date	08/11/17
Total Amount Due	\$71.99
Payment Due By	09/01/17
Page 2 of 2	

Bundled Services

Internet Plus	08/15 - 09/14	74.95
Includes Limited Basic, Streampix, Selected Premium Channel, TV Box and Performance Internet		
Service Discount		-24.96
Total Bundled Services		\$49.99

Additional TV Services

Showtime	08/15 - 09/14	0.00
Included in Bundle		
Service To Additional TV	08/15 - 09/14	9.95
With TV Box		
Total Additional TV Services		\$9.95

Other Charges & Credits

Broadcast TV Fee	7.00
Total Other Charges & Credits	\$7.00

Taxes, Surcharges & Fees

TV		
State Communications Service Tax	2.62	
Local Communications Service Tax	2.02	
Sales Tax	0.32	

Taxes, Surcharges & Fees, cont.

FCC Regulatory Fee	0.09
Total Taxes, Surcharges & Fees	\$5.05

Important Account Information

For closed captioning concerns and other accessibility issues affecting customers with disabilities, call 855-270-0379, go online for a live chat at www.comcastsupport.com/accessibility or email accessibility@comcast.com or write to Comcast 1701 John F Kennedy Blvd., Phila. PA 19103-2838 Attn: S. Adams, or fax: 1-866-599-4268.

Information on upcoming programmer contract expirations can be found at http://my.xfinity.com/contractrenewals/

Accounts that are not paid in full by the due date are subject to a \$9.50 fee.



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 CITY OF MIAMI



We're ready to help you when you need us.

Online
xfinity.com/support

By app
Use the My Account app. Download at xfinity.com/apps

By Phone
Call 1-800-934-6489 (1-800 XFINITY)

In Store
At your nearest XFINITY store
Find one at xfinity.com/storelocator

By chat
Visit xfinity.com/chat

Hearing/Speech Impaired Call 711



Account Number [REDACTED]
 Billing Date 08/11/16
 Total Amount Due \$53.37
 Payment Due By 09/01/16
 Page 1 of 2

Contact us: @ www.xfinity.com 1-800-XFINITY (1-800-934-6489)

Alfonso Leon

For service at:
 2368 SW 4TH ST
 MIAMI FL 33135-3134

News from Comcast

For quick and convenient ways to manage your account and pay your bill, please visit www.Xfinity.com/myaccount

Monthly Statement Summary	
Previous Balance	53.37
One-time EFT Payment - 07/25/16	-53.37
New Charges - see below	53.37
Total Amount Due	\$53.37
Payment Due By	09/01/16

New Charges Summary	
XFINITY Bundled Services	44.99
Other Charges & Credits	5.00
Taxes, Surcharges & Fees	3.38
Total New Charges	\$53.37



Thank you for being a valued XFINITY customer!

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 CITY OF MIAMI

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



If undeliverable, please return to:
 141 NW 16TH ST, POMPANO BEACH, FL 33060-5250
 8495 6000 NO RP 11 08122016 NNNNNNNN 01 999471

ALFONSO LEON
 2368 SW 4TH ST
 MIAMI, FL 33135-3134

Account Number	[REDACTED]
Payment Due By	09/01/16
Total Amount Due	\$53.37
Amount Enclosed	\$

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098





Service Details

Account Number	████████████████████
Billing Date	08/11/16
Total Amount Due	\$53.37
Payment Due By	09/01/16
	Page 2 of 2

Contact us: @ www.xfinity.com ☎ 1-800-XFINITY (1-800-934-6489)



XFINITY Bundled Services

XFINITY 2175 Latino	08/15 - 09/14	69.95
Bundle Includes XFINITY TV 150 Latino, Digital Converter and Performance Internet		
Promo W/self Serve Dscnt		-24.96
Total XFINITY Bundled Services		\$44.99

Other Charges & Credits

Broadcast TV Fee	5.00
Total Other Charges & Credits	\$5.00

Taxes, Surcharges & Fees

TV	
State Communications Service Tax	1.79
Local Communications Service Tax	1.38
Sales Tax	0.13
FCC Regulatory Fee	0.08
Total Taxes, Surcharges & Fees	\$3.38

Important Account Information

The Broadcast TV fee recovers a portion of the costs of retransmitting television broadcast signals.

Accounts that are not paid in full by the due date are subject to a \$9.50 fee.



For closed captioning concerns and other accessibility issues affecting customers with disabilities, call 855-270-0379, go online for a live chat at www.comcastsupport.com/accessibility or email accessibility@comcast.com or write to Comcast, 1701 John F. Kennedy Blvd., Phila., PA 19103-2838 Attn: K. Wilkinson, or fax: 1-888-612-7402.

For Service Center locations near you, visit <http://customer.xfinity.com/service-center-locations>

Hearing/Speech Impaired Call 711

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