

**CITY OF CORAL GABLES
CERTIFICATE OF QUALIFICATION
GENERAL BIENNIAL ELECTION
APRIL 8, 2025**

CITY CLERK'S OFFICE
APR 25 FEB 19 AM 10:19

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

I hereby certify that Thomas Wells has filed in Group III
as a candidate for the Office of Commissioner in the City of Coral Gables General
Biennial Election to be held on April 8, 2025, and he/she has paid the Qualifying Fee and
Election Assessment and has also submitted the documents listed herein below:

- | | | |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | City Qualifying Filing Fee for seat on Commission* | \$200.00 |
| <input type="checkbox"/> | State Assessment Fee for Mayor Group I
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary
(\$70,980) of the office sought</i> | \$709.80 |
| <input type="checkbox"/> | State Assessment Fee for Commissioner Group II
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary
(\$66,866) of the office sought</i> | \$668.66 |
| <input checked="" type="checkbox"/> | State Assessment Fee for Commissioner Group III
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary (\$66,865)
Of the office sought</i> | \$668.66 |
| <input checked="" type="checkbox"/> | Form 1: Statement of Financial Interests | |
| <input checked="" type="checkbox"/> | Loyalty Oath / Oath of Candidate | |
| <input checked="" type="checkbox"/> | Biography / Resume | |
| <input checked="" type="checkbox"/> | Designation of Campaign Depository/ Appointment of Campaign Treasurer Form,
Qualified Elector, Citizenship and Residency affirmation form | |

CITY CLERKS OFFICE
2025 FEB 19 AM 10:19

- ☒ Declaration of Candidate Intent
- ☒ Statement of Candidate
- ☒ Proof of Residency
- ☒ Proof of Citizenship
- ☐ Acknowledgement by Candidates covered by the Mandatory Provision of the Miami-Dade Ethical Campaign Practices Ordinance
- ☒ Voluntary Statement of Campaign Practices
- ☐ Letter of Resignation (If applicable in Accordance with Resign to Run Law)

Received by



Date:

2/19/2025

Billy Y. Urquia
Supervisor of Elections for
Coral Gables, Florida

Sworn to and subscribed before me this 19th day of February, 2025.

Personally known _____

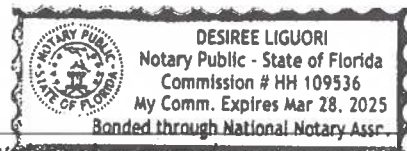
 Desiree Liguori

Or Produced Identification _____

Notary Public - State of Florida

(Type of Identification)

My commission expires Mar 28, 2025



(Printed, typed, or stamped)
Commission Name of Notary Public)

*Note: If candidate cannot pay the filing fee of \$200.00 then candidate has to fill out Undue Burden Oath: Filing Fee Form.

2024 Form 1 - Statement of Financial Interests

General Information

Name: Mr Thomas Osborn Wells Esq

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Coral Gables	Coral Gables Commissioner, Group III

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(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
Wells & Wells, PA	901 Ponce de Leon Boulevard, Suite 200, Coral Gables, FL 33134	providing legal services
TDW Holdings, LLC	1310 Coral Way, Coral Gables, FL 33134	investment income

2024 Form 1 - Statement of Financial Interests

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
TDW Holdings, LLC	Holds marketable securities	1310 Coral Way, Coral Gables, FL 33134	holding investment assets for family

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Investment Assets	Thomas Wells IRA

2024 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
Raymond James Bank	1 Corporate Drive, Suite 360, Lake Zurich, IL 60047

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Signature of Filer

Thomas Osborn Wells Esq

Digitally signed: 02/02/2025

CANDIDATE OATH**NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

2025 FEB 19 AM 10:20
CITY CLERK'S OFFICE

OFFICE USE ONLY**Candidate Oath**

Name to appear on ballot: Tom Wells

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☒ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Coral Gables Commissioner, Group III
(Office) (District #)
Group III; I am a qualified elector of Miami-Dade County, Florida.
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not Yes

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Thomas Wells (305) 588-3984 tom@twellsllaw.com
Signature of Candidate Telephone Number Email Address
1310 Coral Way Coral Gables FL 33134
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA**COUNTY OF** Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

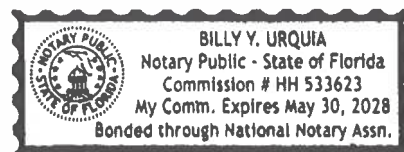
this 19 day of February, 2025

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Thomas Osborn Wells. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Tom Wells. 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. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Thomas Osborn Wells

STATE OF FLORIDA

COUNTY OF Miami-Dade

Billy Y. Urquia
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

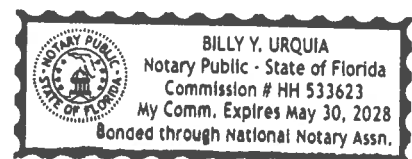
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 19th day of February, 2025.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

CITY CLERK'S OFFICE
2025 FEB 19 AM 10:20

CITY CLERK'S OFFICE
2025 JAN 2 AM 11:23

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form ☒ Re-filing to Change: ☐ Treasurer/Deputy ☒ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Thomas O. Wells

3. Address (include PO Box or Street, City, State, Zip Code):

901 Ponce de Leon Boulevard, Suite 200
Coral Gables, Florida 33134

4. Telephone:

(305) 444-0016

5. Candidate's Voter Registration #:

109501064

(not required for qualifying purposes)

6. Email Address:

tom@twellslaw.com

7. Office Sought (include district, circuit, group, or seat #):

Coral Gables Commissioner, Group III

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Thomas O. Wells

12. Telephone:

(305) 444-0016

13. Email Address:

tom@twellslaw.com

14. Mailing Address:

901 Ponce de Leon Boulevard, Suite 200

15. City:

Coral Gables

16. State:

Florida

17. Zip Code:

33134

18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Regions Bank

20. Address:

2800 Ponce de Leon Blvd., Suite 120

21. City:

Coral Gables

22. County:

Miami-Dade

23. State:

Florida

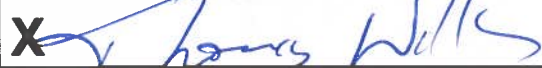
24. Zip Code:

33134

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: January 2, 2025

26. Signature of Candidate:

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Thomas O. Wells do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: January 2, 2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK'S OFFICE
2025 FEB 13 AM 10:20

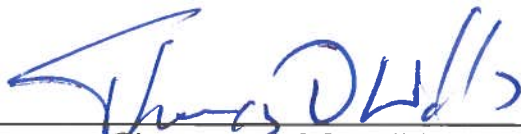
CITY CLERK'S OFFICE
2024 DEC 13 PM 3:01

I, Thomas O. Wells,

candidate for the office of Coral Gables Commissioner Group III ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

December 13, 2025

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

2025 GENERAL BIENNIAL ELECTION
DECLARATION OF CANDIDATE INTENT,
QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION

State of Florida

County of Miami-Dade

City of Coral Gables

I, Tam Wells a qualified elector and resident of Coral Gables,
declare that I have been a continuous Coral Gables resident for at least a year proceeding the
qualifying period.

I further declare that I am a candidate for Commissioner, Group III,
(Office) (Group Number)

in the General Biennial Election of 4/8/2025, and do hereby file my intent to run in
(Month/Date/Year)

said election, and to pay the required qualification fee and election assessment in connection with
same. (Attach proof of residency and qualified elector documentation).

**UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE READ THE
FOREGOING DECLARATION OF INTENT FORM AND THAT THE FACTS STATED
ARE TRUE.**

Tam Wells
SIGNATURE

2/19/2025
DATE

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

CITY CLERK'S OFFICE
2025 FEB 19 AM 10:21

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Therese Osborn Wilks, a candidate for the office of
please print your name
Commissioner Group III in City of Coral Gables,
elective office sought county, municipality, or other jurisdiction

agree to abide by the **voluntary** Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the **voluntary** Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the **voluntary** Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is **voluntary**, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the **voluntary** nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the **voluntary** Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x Therese Osborn Wilks
Signature

February 19, 2025
Date

CITY CLERK'S OFFICE
1025 FEB 19 AM 10:21

Biography of Tom Wells

Tom has been married to Diane Wells for more than 32 years. They made their home in Coral Gables and raised 2 daughters (Kaitlyn and Drew) who both attended The Growing Place, St. Philip's Episcopal School and are graduates of Carrollton School of the Sacred Heart. Tom's son-in-law, Sergio Velikopoljski, grew up in South Miami and graduated from Christopher Columbus High School and the University of Miami. Tom has practiced as a corporate, tax, transactional and estate planning attorney for more than 36 years and has resided in Coral Gables for more than 30 years since 1994. He graduated from:

- The Citadel, *cum laude*, in 1985 in the top 3% and was selected as captain his Junior and Senior Years, named to the first-team all-conference in soccer his Senior Year and was elected class Vice-President his Junior and Senior Years.
- The University of South Carolina School of Law in 1988 in the top third of his class.
- The Graduate Tax Program at the University of Florida College of Law, LL.M. in Taxation in 1992 where he graduated #2 in his class.

After graduating from college, Tom volunteered and served as an officer in the United States Army until honorably discharged in 1994 as a First Lieutenant. He is a Fellow in the American College of Trust and Estate Counsel and is a Board-Certified Tax Law Lawyer with The Florida Bar. He was named the *Outstanding CPA of the Year for 1999 in Business and Industry in Florida* by the Florida Institute of Certified Public Accountants ("FICPA"). He is a past-President of the FICPA's Miami-Dade Chapter, a former member of the FICPA's Board of Governors and a past-President of the Miami Tax Institute. Tom passed all parts of the CPA exam the first time he took it in 1985. He served as an Adjunct Professor at the University of Miami School of Law, Graduate Estate Tax Program, teaching Partnership and Other Pass-Through Entity Taxation. He was named Top Dealmaker in 2007 in Real Estate – Retail/Entertainment by American Law Media's Daily Business Review.

Tom chaired a Florida Bar Grievance Committee which reviewed the conduct of local attorneys under The Florida Bar's ethical rules. He also served on the Executive Counsel of Tax Section of The Florida Bar as Vice Chair of Partnerships Taxation Subcommittee. He has published numerous articles in The Florida Bar Journal (including recently in January, 2025), spoken nationally on various legal topics and named to multiple lists of top attorneys and lawyers.

ITY CLERK'S OFFICE
025 FEB 19 AM 10:21

Tom Wells for Coral Gables Commissioner

Paid by Tom Wells for Coral Gables Commissioner, Group III

Contact

Email: Tom@VoteTomWells.com

Cell: (305) 588-3984

Office: (305) 444-0016





PROPERTY APPRAISER OF MIAMI-DADE COUNTY

Summary Report

Generated On: 02/10/2025

CITY OF MIAMI
2025-02-19 AM 11:07

PROPERTY INFORMATION	
Folio	03-4118-002-1590
Property Address	1310 CORAL WAY CORAL GABLES, FL 33134-4756
Owner	THOMAS O WELLS , DIANE N WELLS
Mailing Address	1310 CORAL WAY CORAL GABLES, FL 33134-4756
Primary Zone	0100 SINGLE FAMILY - GENERAL
Primary Land Use	0101 RESIDENTIAL - SINGLE FAMILY : 1 UNIT
Beds / Baths / Half	5 / 5 / 0
Floors	2
Living Units	1
Actual Area	5,334 Sq.Ft
Living Area	3,976 Sq.Ft
Adjusted Area	4,123 Sq.Ft
Lot Size	19,236 Sq.Ft
Year Built	Multiple (See Building Info.)



ASSESSMENT INFORMATION			
Year	2024	2023	2022
Land Value	\$1,667,590	\$1,667,590	\$1,333,837
Building Value	\$539,504	\$546,719	\$553,934
Extra Feature Value	\$49,039	\$49,630	\$50,219
Market Value	\$2,256,133	\$2,263,939	\$1,937,990
Assessed Value	\$923,946	\$897,035	\$870,908

BENEFITS INFORMATION				
Benefit	Type	2024	2023	2022
Save Our Homes Cap	Assessment Reduction	\$1,332,187	\$1,366,904	\$1,067,082
Homestead	Exemption	\$25,000	\$25,000	\$25,000
Second Homestead	Exemption	\$25,000	\$25,000	\$25,000

Note: Not all benefits are applicable to all Taxable Values (i.e. County, School Board, City, Regional).

SHORT LEGAL DESCRIPTION	
CORAL GABLES SEC D REV PL	
PB 25-74	
LOTS 1 & 2 BLK 18	
LOT SIZE 128.24 X 150	
OR 19904-3301 08/2001 1	

TAXABLE VALUE INFORMATION			
Year	2024	2023	2022
COUNTY			
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$873,946	\$847,035	\$820,908
SCHOOL BOARD			
Exemption Value	\$25,000	\$25,000	\$25,000
Taxable Value	\$898,946	\$872,035	\$845,908
CITY			
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$873,946	\$847,035	\$820,908
REGIONAL			
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$873,946	\$847,035	\$820,908

SALES INFORMATION			
Previous Sale	Price	OR Book-Page	Qualification Description
01/01/2004	\$950,000	21995-0639	Sales which are qualified
08/01/2001	\$685,000	19904-3301	Sales which are qualified
06/01/2000	\$0	19366-2133	Sales which are disqualified as a result of examination of the deed
04/01/1973	\$82,500	00000-00000	Sales which are qualified

The Property Appraiser is continually editing and updating the tax roll. This website may not reflect the most current information on record. The Property Appraiser and Miami-Dade County assumes no liability, see full disclaimer and User Agreement at <http://www.miamidadade.gov/info/disclaimer.asp>

2025 FEB 19 AM 10:21
CITY CLERK'S OFFICE

TOM WELLS CAMPAIGN
901 PONCE DE LEON BLVD
STE 200
CORAL GABLES, FL 33134

1001
63-466/631

February 19, 2025 DATE

PAY TO THE
ORDER OF

City of Coral Gables

Eight Hundred Sixty-Eight Dollars & 66/100

\$ 868.66

DOLLARS



REGIONS

FOR Fee to run for Commissioner of
Coral Gables, Group III

Thom. O'Wells

[Redacted signature]

RECEIPT		DATE <u>2/19/2025</u>	No. <u>209844</u>
RECEIVED FROM <u>Tom Wells</u>		\$ <u>868.66</u>	
<u>Eight Hundred & Sixty Eight</u>		<u>66/100</u> DOLLARS	
<u>Qualifying Fees</u>			
<input type="radio"/> FOR RENT	<input type="radio"/> CASH		
<input type="radio"/> FOR	<input checked="" type="radio"/> CHECK		
ACCOUNT	<input type="radio"/> MONEY ORDER	FROM	TO
PAYMENT	<input type="radio"/> CREDIT CARD		
BAL DUE		BY <u>Susan Da Costa</u>	