

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gene Valentino  
Name  
(2) 15026 Innerarity Point Road  
Address (number and street)  
Pensacola, FL 32507  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1058130]  
Submitted on:  
1/7/2014 21:03:55 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 458

(4) Check appropriate box(es):  
 Candidate (office sought): County Commissioner, District 2  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**  
 Cover Period: From 12/1/2013 To 12/31/2013 Report Type M12  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>100.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>100.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>81.03</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>81.03</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 1,150.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 81.03

**(11) CERTIFICATION**  
**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.  (Type name) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
---	---



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

(1) Name Gene Valentino

(2) I.D. Number 458

(3) Cover Period 12/1/2013 through 12/31/2013

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/13/2013 / /	Checks Unlimited, P.O.Box 19000 Colorado Springs, CO 80935-9000	check, deposit slips	MO		\$81.03
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					