FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Val Screen	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 780 NE Palm Bay Lane, UIte 1808 Address (number and street)							
Miami, FL 33138							
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 618						
(4) Check appropriate box(es): \[\text{\text{\$\subset}} \ Candidate \text{(office sought)}: \text{County Commiss} \]	ion 03						
☐ Political Committee	CHECK IF PC HAS DISBANDED						
☐ Committee of Continuous Existence☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED						
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT							
Cover Period: From 7/19/2008 To	8/1/2008 / Report Type F2-08						
☐ Original	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 0.00						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 0.00						
In-Kind \$							
	(8) Other Distributions \$ 0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$ 43,789.00	\$39,611.60_						
(11) CERTIFICATION							
It is a first degree misdemeanor for any pers							
I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete.							
(Type name)	(Type name)						
Individual (only for Treasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Val Screen			a	ال . Numbe	6	18
	7/19/2008		8	/1/2008			
(3) Cover Perio	od / /	thro			(4) Pag	e 1	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	NOTE OF THE PARTY	Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	, and amond	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Val S	Screen				_ (2) I.D.	Number		618	
	7/19/2	800		8/1/2008					
(3) Cover Period	I	1	through	I = I	(4) Pag	ge 1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/31/2008	PAYPAL,	fees	MO	Delete	\$3.20
1					
7/31/2008	PAYPAL, 2211 NORTH FIRST STREET SAN JOSE, CA 95131	fees	МО	Add	\$3.20
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