

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

OFFICE USE ONLY

(1) Julio Valido  
Name

(2) 4252 SW 154 Ct.  
Address (number and street)  
Miami, Fl 33185  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): Clerk of the Circuit Court
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 31 / 08 To 02 / 02 / 09 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \$0.00

Loans \$ \$0.00

Total Monetary \$ \$0.00

In-Kind \$ \$0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \$100.01

Transfers to Office Account \$ \$

Total Monetary \$ \$100.01

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**(8) Other Distributions**

\$ \$0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \$7,100.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \$7,100.00

**(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) Julio Valido

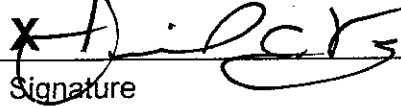
Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Julio Valido

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

  
Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY.

(1) Name Julio Valido (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 10/31/08 through 02/02/09 (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) Related Expenditures	(10) Amendment	(11) Amount
(6) Sequence Number					
	Nothing to report on this form				

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

(1) Name Julio Valido

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 31 / 08 through 02 / 02 / 09

(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					
01/06/09 001	City National Bank 25 W. Flagler St. Miami, Fl 33130	Bank Service Charges	MON		\$96.00
01/06/09 002	Julio Valido 4252 SW 154 Ct Miami, Fl 33185	Repayment of Loan	MON		\$4.01
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# CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Julio Valido

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/31/08 through 02/02/09

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
	Nothing to report on this form				

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

(1) Name Julio Valido

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 31 / 08 through 02 / 02 / 09

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	<b>Nothing to report on this form</b>						
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