

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

(1) Valerie Guenther  
**Name**

(2) PO Box 284  
**Address (number and street)**  
Placida, FL 33946  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1053109]  
Submitted on:  
2/8/2013 14:21:26 (eastern)

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: 301

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commissioner District 3  
 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 10/13/2012 To 11/1/2012 Report Type G4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>150.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>150.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>754.50</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>754.50</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 25,201.11

**(10) TOTAL Monetary Expenditures To Date**  
\$ 24,375.00

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
Signature

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

(Type name) \_\_\_\_\_

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

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Valerie Guenther (2) I.D. Number 301

(3) Cover Period 10/13/2012 through 11/1/2012 (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
10/22/2012 / /	Gasco, Malvina 155 S Court Ave Orlando, FL 32801	I	manager	CH		Add	\$150.00
1							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Valerie Guenther

(2) I.D. Number 301

(3) Cover Period 10/13/2012 through 11/1/2012

(4) Page 1 of 2

(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
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$5.24
1					
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$2.11
2					
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$0.38
3					
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$16.33
4					
10/31/2012 //	Castaneda, Jose	uf fees for intern credit	MO	Add	\$565.65
5					
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$47.80
6					
10/31/2012 //	Guenther, Gilbert	postage reimbursement - aug	MO	Add	\$45.00
7					
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$44.27
8					

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

(1) Name Valerie Guenther

(2) I.D. Number 301

(3) Cover Period 10/13/2012 through 11/1/2012

(4) Page 2 of 2

(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
10/31/2012 //	First Data,	credit card process fee	MO	Add	\$27.72
9					
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