### LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	PASQUALE N. BUTTINO
Residence Address	28533 Highante Drive
City and Zip Code	BONITASDINGSFL. 34135
Mailing Address (if different)	Check if same as above.
Telephone Number(s) (Daytime)	239 4951039 OR 239,452239
Email Address	MARPATTT @ Compst. Net
Office Sought	FIRE COMMISSIONER SEAT 2
Area, District, Group Or Seat Number	BONITA SPRINGSFIRE# 2
Political Party (If Applicable)	NONE
Date Of Birth Or Voter ID #	5-9-32
Date	2-37-08
Candidate Signature	X Varaul monther

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address <u>may be</u> contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.



### OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Original Appointment **Deputy Treasurer** Reappointment of Treasurer Secondary Depository Name of Candidate 1. Address (include post office box or street, city, state, zip code) 28533 HIGHANTER 2. Party (Partisan candidates only) Telephone (optional) Campaign Treasurer I have appointed the following person to act as my Deputy Treasurer 4. Name of Treasurer or Deputy Treasurer 5. Mailing Address (If post office box or drawer add street address): 8. County 7. City 9. State I have designated the following named bank as my **Primary Depository** Secondary Depository 11. Name of Bank 12. Street Address nenco 13. City 14. County 15. State 16. Zip Code 34135 'aunti Signature of Cándidate Date Campaign Treasurer's Acceptance of Appointment do hereby accept the appointment as Campaign Treasurer **Deputy Treasurer** for the campaign of who is seeking nomination or election as a candidate to the office of New York As a duly registered voter in County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURE ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE X Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	OFFICE USE ONLY
(PLEASE TYPE)	
CHECK APPROPRIATE BOX:  Original Appointme  BUTTINO, PASQUALE N 28533 HIGHGATE DR BONITA SPRINGS FL 34135	111524133 surer Secondary Depository fice box or street, city, state, zip code)
Telephone (optional) 2. Party (Partisan candidates only) 39,495-103  NON	3. Office (add district, circuit, group number)  B6 FC 5-2
	aign Treasurer Deputy Treasurer
Name of Treasurer or Debuty Treasurer     11152413	3
BUTTINO, PASQUALE N 5. 28533 HIGHGATE DR BONITA SPRINGS FL 34135	6. Telephone  → 30 - 495-1039
7.	State 10. Zip Code
I have designated the following named bank as my	ry Depository Secondary Depository
11. Marie of Bank of america	12. Street Address 9020 Donita Beach RA
Donita Spring 14. County See	15. State 16. Zip Code
17. Signature of Candidate  MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	Date 9/26/08
Campaign Treasurer's Ac	ceptance of Appointment  , do hereby accept the appointment as
<del></del>	ampaign of Pasquele N. Buttins,
who is seeking nomination or election as a	candidate to the office of
BSFC (5-2) . As a duly r	(Party) registered voter in
County, Florida, I am qualified to accept this appointment.  UNDER PENALTIES OF PERJURY, I DECLARE THAT I HA	
ACCEPTANCE OF APPOINTMENT AND	
9/36/08 X	Signature of Campaign Treasurer of Deputy Treasurer

### STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

1, PASQUALE	1 BUTTINO	
candidate for the office of	Fire Commissione	OR SEATH Z

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X MANN 9/24/88
Signature of Candidate 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).

### STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) **OFFICE USE ONLY** 

. TASQUARE N. BUTTINO

candidate for the office of

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

Signature of Candidate

Data

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).

708FEB28M0431 SDE Lee (> F1

### 13 to 3 as 7 305 TEV 04482533450;-

### AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

. PASQUALE N. BUTTIND	, a candidate for the
(print name)	1
special district office of: <u>FIRE COMMISSIONES</u>	- Donath Sorrage
(district name and district	ct #, seat #, or area#)
in the November 4, 2008 General Election. I understand	

in the <u>November 4, 2008 General Election</u>. I understand that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, I am prohibited from collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, I understand that I will be required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

X / AVM/M/M/M/ 2-27-08
Signature of Candidate Date

History 2007 HB537, FS 99.061, FS Chapter 106 Revised-9/27/2007 Lee County Forms



LOYALTY OATH F NON-PARTISAN OF (Sections 876.05-876.10, Florida Se	FICE	*08JUN03PM05	53 S <b>OFFEREUS</b>	E ONLY	03PM055350ELeeCoF1	
STATE OF FLORIDA					# [	
, COUNTY					ĞF1	
I, PASQUALE	$\mathcal{N}$		BV	TTINO		
First Name	Middle Nam			Last Name		
a citizen of the State of Florida and of the hereby solemnly swear or affirm that I vertical.					. do	
OATH OF CANDIDATE  (Section 99.021, Florida Statutes)  (PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)  am a candidate for the office of  (group)  My legal residence is 2853 // (In Ale Para County, Florida. I am qualified 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.						
* Jaywell M	MILIE	0 239	4951	939		
Signature of Candidate  28533 Highni	NE Dr	WillA	Number 211165 /	Email Address  2413	5	
Address	City		State	ZIP Code		
Sworn to (or affirmed) and subscribe	ed before me this	day d	of May :	200 <u>0</u> 8	OBJUNO3PMO50	
Personally Known: or			U			



Print, Type or Stamp Commissioned Name of Notary Public

Signature of Notary Public - State of Florida

Produced Identification: \_

Type of Identification Produced:

FORM 1	STATEMENT OF	2007
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	ΓS
LAST NAME - FIRST NAME - MIDDLE NAME		R OFFICE E ONLY:
MAILING ADDRESS: 2853 Higher	ATE PP.	<u></u>
BONITA SPRING	3 34135 Lee	ID Code
BONITA SPITAS	5 Fire & Rescue	ID Code  ID No.  Conf. Code  P. Req. Code  Code
NAME OF AGENCY:	NISHONER	Conf. Code
NAME OF OFFICE OR POSITION HELD OR	SOUGHT:	P. Req. Code
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	is form. Attach additional sheets, if necessary.  NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANC A FISCAL YEAR. PLEASE STATE BELOW WH DECEMBER 31, 2007  MANNER OF CALCULATING REPORTABLE IN THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US	OPTION OF USING REPORTING THRESHOLDS THAT ING COMPARATIVE THRESHOLDS, WHICH ARE USU BELOW WHETHER THIS STATEMENT REFLECTS EITH	ETHER BASED ON A CALENDAR YEAR OR ON X YEAR ENDING EITHER (check one):  IN THE CALENDAR YEAR:  T ARE ABSOLUTE DOLLAR VALUES, WHICH PALLY BASED ON PERCENTAGE VALUES (See
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S CONTROL PRINCIPAL BUSINESS ACTIVITY
FDNY PENSION	9 Metro Tech BKLyn NY	Pensien
Pelican Negrost	445 Pekra Nest Dr. POM	TA PITSALARY
BUNITASPING EL	BANTAGRUCE	COMMISSIDACIO
NAME OF NAM	ME [Major customers, clients, and other sources of Incom E OF MAJOR SOURCES ADDRESS F BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, buildings	owned by the reporting person)	FILING INSTRUCTIONS for when
28533 Highpote	Ur BANITA SPINGS	and where to file this form are located at the bottom of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  OTHER ROPMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PR TYPE OF INTANGIBLE		es of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES		
130NH 451	VINER Mora	IN STANCY			
To the contract of the contrac	Bon	ITA OFIA, C.	<u>e</u>		
/					
WAChOVIA	Meck	4 54VIN5	5		
$\Omega$ $\omega$					
KMODA MU	UPL STATE	My runa	·		
PART E LIABILITIES [Major debts] NAME OF CREDITOR	_	ADDRESS OF CRI	EDITOR		
Charger On	ve agu	15 Thouse	· hogn		
PART F INTERESTS IN SPECIFIED BU	SINESSES [Ownership or positions	s in certain types of businesses]			
	BUSINESS ENTITY #)	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	71//				
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	7//				
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):	ule Mbu.	MATE SIGNED	(required):		
FILING INSTRUCTIONS:					

### WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

### NOTE:

### **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

### WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

### WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	PASQUALE N BUTTINO	OFFICE USE ONLY 127			
(2)	Name 28533 HIGHGATE DR, BONITA SPRINGS, FL 3-				
ι-,	Address (number and street)				
,	City, State, Zip Code	-I $RFPORT$			
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4)	Check appropriate box(es):				
		FIRE-2  CHECK IF PC HAS DISBANDED			
	☐ Committee of Continuous Existence	CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED			
	Party Executive Committee				
	Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
	10/31/2008	IDENTIFIERS 2/2/2009			
_	er Period: From/ / To	Report Type TR-4			
	riginal Amendment Special Election	Report Independent Expenditure Report			
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash	n & Checks \$0.00	Monetary Expenditures \$ 131.20			
Loan	s \$	Transfers to Office Account \$			
Total	Monetary \$	Total			
In-Ki	nd \$	131.20			
		(8) Other Distributions \$ 0.00			
(9) TOTAL Monetary Contributions To Date \$		(10) TOTAL Monetary Expenditures To Date \$			
	(11) CERT It is a first degree misdemeanor for any pers				
	ify that I have examined this report and it is true,	I certify that I have examined this report and it is true,			
correct, and complete.		correct, and complete.			
$\Box$	Individual (ont) for Treasurer Deputy Treasurer	(Type name) The Chairperson (only for PC, PTY & election programment organization)			
X	Mayal Monthlow	x /Mynde/AMM			
Sig	govature //	Signature			

(1) Name	PASQUALE N BUTTINO				(2) I.D. Numb	er	27	
	10/31/2008		2	/2/2009		-	•	
(3) Cover Peri	od//	thro	ough	/ /	(4) Pag	je <u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1								
1 1								.08DEC0
1								OBDECO19M1046 SDE Lee Co F1
1 1								#GFI
1 1								
1 1				:				
1 1								
j j								

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name_	PASQUALE N BUTTINO		(2) I.D. Number		127
	10/31/2008	2/2/2009			
(3) Cover I	Period//	_through//	(4) Page <u>1</u>	_of_	1

(3) Cover Perio	d/through	_/(	1) Page <u>1</u>	of _	1
(5)  Date  (6)  Sequence  Number	(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
10/31/2008	BANK OF AMERICA, 9020 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	account surcharge	МО		\$17.00
11/25/2008	BONITA SPRINGS ASSISTANCE OFFI, 10322 PENNSYLVANIA AVE. BONITA SPRINGS, FL 34135	distribut ion of campaign funds	МО		\$114.20
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/ /					
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11					

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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY/				
(1) PASQUALE N BUTTINO	OFFICE USE ONLY			
Name	/			
(2) 28533 HIGHGATE DR, BONITA SPRINGS, FL 34	135 S			
Address (number and street)	l l			
City, State, Zip Code	<u> </u>			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):    X   Candidate (office sought):   BONITA SPRINGS     Political Committee     Committee of Continuous Existence     Party Executive Committee     Electioneering Communication	FIRE-2  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING			
	COMMUNICATION REPORTS WILL BE FILED			
10/11/2008	IDENTIFIERS 10/30/2008			
Cover Period: From / / To	/ / Report Type			
☒ Original ☐ Amendment ☐ Special Election	Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$ 1,825.00	Monetary Expenditures \$ 1,781.57			
Loans \$0.00	Transfers to Office Account \$ 0.00			
Total Monetary \$ 1,825.00	Total Monetary \$ 1,781.57			
In-Kind \$				
	(8) Other Distributions \$ 0.00			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$			
(11) CERT	IFICATION			
	on 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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) PASQUALE N RUTTING  Individual (only for election eering commun.)  X  Make I Makata I Make I Ma	(Type name) PASQUALE X. BUTTNO  Chairperson (only for PC, PTY & electioneering symmus (many attion)			
Signature /	Signature			

(1) Name	PASQU	ALE N B	BUTTINO			(2)	I.D. Number		127	
		10/11/2	800		10/30	/2008		_	_	
(3) Cover Per	iod	1	1	through	1	1	(4) Page	1	of _	j

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/13/2008	BOGACZ, TIM 24033 CLAIRE STREET BONITA SPRINGS, FL 34135	I	CA			\$50.00
1						
10/13/2008	BRAZELTON, DONALD 25440 PINSON DRIVE BONITA SPRINGS, FL 34135	I	CA			\$50.00
2						
10/13/2008 / /	BUCHER, MICHAEL 6810 NW 59TH STREET FT LAUDERDALE, FL 33321	I	CA			\$50.0
3						
10/13/2008	CALZADILLA, ARMAND 11273 LA CORUNA LANE BONITA SPRINGS, FL 34135	I	CA			\$50.0
4						
10/13/2008	COTTRELL, JESSE 2064 NW 17TH STREET CAPE CORAL, FL 33993	I	CA			\$50.00
5						
10/13/2008	HERNANDEZ, MANUEL 1343 WOODMERE LANE FT MYERS, FL 33919	I	CA			\$50.00
6						
10/13/2008	HUSS, MARY 8013 PELICAN ROAD FT MYERS, FL 33967	I	СН			\$75.00
7						
10/13/2008	MAKOWSKI, DEBBIE 21000 DENISE AVE PORT CHARLOTTE, FL 33952	I	CA			\$25.00
8						
DS-DE 13 (Rev. 08	bio 3)	SEE REVERSE FOR	INSTRUCTIONS	AND CODE VA	LUES	

(1) Name	PASQUALE N BUTTINO		(2) I.D. Number					
(3) Cover Peri	10/11/2008	through	10/30/2008	_ (4) Paç	ge <u>2</u>	of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	ے ا	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
Number		T	Occupation	CA	Description		\$50.0
10/13/2008 <u>/</u> /	JONES, DANIEL 27070 ALLAN STREET BONITA SPRINGS, FL 34135	1		CA			Ψ3010
9							
10/13/2008	KUTZ, JOHN 10312 PATRICK LANE BONITA SPRINGS, FL 34135	I		CA			\$50.0
10							
10/13/2008	LYONS, SCOTT 8181 GLENFINNAN CIRCLE	I		CA			\$50.0
11	FT MYERS, FL 33912						
10/13/2008	MILLICAN, JEFF 18230 RIVERWIND DRIVE	I		CA			\$25.0
1 1	ALVA, FL 33920						
12							
10/13/2008	OTT, KEITH 24709 RODAS DRIVE BONITA SPRINGS, FL 34135	I		CA			\$50.0
13							
10/13/2008	SHEFFIELD, BRUCE 24230 MOUNTAIN VIEW DRIVE BONITA SPRINGS, FL 34135	I		CA			\$50.0
14							
10/13/2008	TELFORD, WINK 10116 WINTERVIEW DRIVE NAPLES, FL 34109	I		CA			\$50.0
15							
10/13/2008	WEISS, MARC 18581 TAMPA ROAD FT MYERS, FL 33912	I		CA			\$50.0
16							

(1) Name	PASQUALE N BUTTINO				2) I.D. Numb	er	
	10/11/2008		1	0/30/2008			
(3) Cover Per	iod / /	thr	ough	/ /	(4) Pa	ge3	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_					
Sequence	Street Address &	1	ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code WHITLOCK, JONATHAN	Туре	Occupation	Type CA	Description	Amendment	Amount \$50.0
10/13/2008	9542 ROUNDSTONE CIRCLE FT MYERS, FL 33967						<b>430.10</b>
17							
10/29/2008	FROST, SHANE 4308 SUNRAY COURT TAMPA, FL 33615	I		СН			\$100.0
18							
10/29/2008	KOSHLAP, MICHAEL  10610 SIR MICHAELS PLACE BONITA SPRINGS, FL 34135	I		СН			\$100.00
19							
10/29/2008	FLORIDA FIRE-PAC, 345 W MADISON ST TALLAHASSEE, FL 32301	0	florida professio nal	СН			\$500.0
20							
10/29/2008 / /	WILKINSON, DONALD 10259 ST PATRICK LANE BONITA SPRINGS, FL 34135	I	firefight er	СН			\$300.00
21			 b			:	
1 1							
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1 1		-					

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name $^{ m I}$	PASQUALE	N BU	TINO				 (2) I.D. Num	nber		127	
	10,	/11/2	800		10/30,	/2008					
(3) Cover P	eriod	1		through_		/	 (4) Page	1	of _	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/13/2008	HOME DEPOT, 19690 COCHRAN BLVD PORT CHARLOTTE, FL 33948	large yard sign supplies	МО		\$155.89
10/13/2008	JACKSONS SIGNS & T-SHIRTS, 1109 TAMIAMI TRAIL SUITE #3 PORT CHARLOTTE, FL 33953	small yard signs and stands	МО		\$337.05
10/29/2008	KWIK KOPY, 13881 PLANTATION ROAD, SUITE#5 FORT MYERS, FL 33912	postage and printing for absentee ballots	МО		\$526.69
10/30/2008	KWIK KOPY, 13881PLANTATION ROAD SUITE#5 FORT MYERS, FL 33912	printing for flyer handouts	МО		\$523.79
10/30/2008	OFFICE MAX, 26831 S TAMIMAI TRAIL BONITA SPRINGS, FL 34134	paper and copies for handouts	МО		\$38.15
10/30/2008	AA TWO BROTHERS, 26251 S TAMIAMI BONITA SPRINGS, FL 34134	thank you reception	МО		\$200.00
//					
DS DE 14 (Pou					

BONITA SPRINGS, FL 34135 28533 HEGHGATE DR. BUTTINO



NO POSTAGE NECESSARY IF MAILED

NT N



## **BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

Intimitation desired and interesting

\*08/10/03#40930 SOE Lee

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) PASQUALE N BUTTINO  Name (2) 28533 HIGHGATE DR, BONITA SPRINGS, FL 34	OFFICE USE ONLY 127
Address (number and street)	MICINDED
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	(3) IDN mber
(4) Check appropriate box(es):  X Candidate (office sought): BONITA SPRINGS Political Committee Committee of Continuous Existence	
Party Executive Committee Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From / To	IDENTIFIERS
☐ Original ☐ Amendment ☐ Special Election	T
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 0.00	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 29.00
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 0.00	Total Monetary \$ 29.00
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
, ,	IFICATION son to falsify a public record (ss. 839.13, F.S.)
Correct, and complete.  (Type name) PASAVAL H. DVIIIVO  Individual (only for election electio	Candidate  Candidate
Signature/	Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(1) Name _	PASQUALE N BUTTINO		(	2) I.D. Number		27
	9/27/2008		10/10/2008			_
(3) Cover Pe	riod / /	through	. / /	(4) Page	·	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Contributor	Contribution	ln-kind		
Number	City, State, Zip Code	Type Occupation			Amendment	Amount
l l						
1 1						
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1 1						
1 1						
1 1						

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

\*08DEC01AM1046SDELeeCoF1

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

(1) Name	PASQUAL							(2) I.D. Nun	nber		127	
		9/27/20		,	10/10/2	8008	<del></del>					
(3) Cover	Period	1	1	through_	1	/		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/2/2008	BANK OF AMERICA, 9020 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	bank fees for account checks	МО	Add	\$29.00
//					
//					
//					
//					
//					

703DE0019M1046SDELeeCoF1

(1) PASQUALE N BUTTINO OFFICE USE OF	
(1) PASQUALE N BUTTINO  Name	127
(2) 28533 HIGHGATE DR, BONITA SPRINGS, FL 34135	
Address (number and street)	
City, State, Zip Code	- <del> </del>
CHECK IF ADDRESS HAS CHANGED (3) ID Number:	
(4) Check appropriate box(es):  X Candidate (office sought): BONITA SPRINGS FIRE-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 ELECTIONEE COMMUNICATION REPORTS WILL E	
(5) REPORT IDENTIFIERS	
Cover Period: From $\binom{9/27/2008}{/}$ To $\binom{10/10/2008}{/}$ Report Type	G3
☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expend	liture Report
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPO	ORT
Cash & Checks \$ 2,950.00 Expenditures \$ 3,	333.23
Loans \$ 0.00 Transfers to Office Account \$	0.00
Total Monetary \$ 2,950.00 Total Monetary \$ 3,	333.23
In-Kind \$ 41.50	
(8) Other Distributions	0.00
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expendite	ıres To Date
\$	333.23
(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.	port and it is true,
(Type name) TASCUTIC N. DI///ND (Type name) TASCUTIC N. DI///ND (Type name) TASCUTIC N. Candidate \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(only for PC PTY 2
election eeting commun.)  **Easter   Delicition eeting commun.)  **Easter   Delicition eeting commun.)  **Easter   Delicition eeting commun.)  **Easter   Delicition eeting commun.)	(only for PC, PTY)
Signature Signature	WWWW)

(1) Name	ASQUALE	E N BU	TTINO			(2)	l.D. Number _		127		
	9/2	7/200	8		10/10	/2008					
(3) Cover Period	d	1	1	through	1	1	(4) Page	1	of	6	

(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
Roberts, Sandra P.O Box 1405 Bonita Springs, FL 34133	I		CH			\$50.0
Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 33922	I		СН			\$50.0
Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33912	I		СН			\$50.0
Bunn, Steven 46 Mentor Dr Naples, FL 34110	I		СН			\$100.0
ODONNELL, FREDRICK 7441 SWEET ALYSSUM PUNT GORDA, FL 33955	I		СН			\$100.0
TAYLOR, TODD J 5322 SELBY DR. FT MYERS, FL 33919	I		СН			\$100.0
BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134	I	ĺ	СН			\$100.0
BOGACZ, BENJAMIN 25566 BUSY BEE DR.	I		CA	-		\$50.00
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Roberts, Sandra P.0 Box 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 33922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33912  Bunn, Steven 46 Mentor Dr Naples, FL 34110  ODONNELL, FREDRICK 7441 SWEET ALYSSUM PUNT GORDA, FL 33955  TAYLOR, TODD J 5322 SELBY DR. FT MYERS, FL 33919  BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  Roberts, Sandra P.0 Box 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 33922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33912  Bunn, Steven 46 Mentor Dr Naples, FL 34110  ODONNELL, FREDRICK I 7441 SWEET ALYSSUM PUNT GORDA, FL 33955  TAYLOR, TODD J 5322 SELBY DR. FT MYERS, FL 33919  BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Roberts, Sandra P.O Box 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 33922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33912  Bunn, Steven 46 Mentor Dr Naples, FL 34110  ODONNELL, FREDRICK 7441 SWEET ALYSSUM FUNT GORDA, FL 33955  TAYLOR, TODD J 5322 SELBY DR. FT MYERS, FL 33919  BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Roberts, Sandra P.O Box 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 339922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33110  Diangles, FL 34110  Diangles, FL 34110  CH  CH  CH  CH  CH  CH  CH  CH  CH  C	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Roberts, Sandra P.O Box 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet Buth Bokeelia, FL 33922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 33912  Bunn, Steven 46 Mentor Dr Naples, FL 34110  ODONNELL, FREDRICK I 7441 SWEET ALYSSUM FUNT GORDA, FL 33955  TAYLOR, TODD J 5322 SELBY DR. FT MYERS, FL 33919  I CH BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation Roberts, Sandra I P.O. Book 1405 Bonita Springs, FL 34133  Dahlgren, John 7453 Sundiet BLVD Bokeelia, FL 33922  Levesque, Jacqueline 14340 Bristol Bay Place 103 Ft Myers, FL 34110  Bunn, Steven 46 Mentor Dr Maples, FL 34110  ODONNELL, FREDRICK I 7441 SMEET ALYSSUM FUNT GORDA, FL 33955  TAYLOR, TODD J S122 SELEY DR. FT WYERS, FL 33319  BROWN, BARRY J 4864 REGAL DR BONITA SPRINGS, FL 34134

(1) Name	PASQUALE N_BUTTINO		(2	) I.D. Numbe	er	
(3) Cover Perio	9/27/2008 od / /	through	10/10/2008	_ (4) Pag	je	of _6
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
<u>(</u> 6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	1	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
10/6/2008	BRADFORD, ED 25210 PINSON DR. BONITA SPRINGS, FL 34135	I		CA			\$50.0
9							
10/6/2008	BREWER, DAVID 27070 ALLEN STREET BONITA SPRINGS, FL 34135	I		CA			\$50.0
10							
10/6/2008	BROWN, BRADLEY 4866 REGAL DR. BONITA SPRINGS, FL 34134	I		CA			\$50.0
11						;	
10/6/2008	CALERO, JUVERT 4420 12TH ST NE NAPLES, FL 34120	I		CA			\$50.0
12							
10/6/2008	CAREY, JARED 25129 MERCEDES DR PUNTA GORDA, FL 33983	I		CA			\$50.0
13							
10/6/2008	COBURN, CARY 27088 ALLEN ST BONITA SPRINGS, FL 34135	I		CA			\$50.00
14		!					
10/6/2008	DEWITT, GREG 11840 IMPERIAL PINE BONITA SPRINGS, FL 34135	I		CA			\$50.00
15	-5,						
10/6/2008	FAIR, JASON 9439 CROCUS CT FT MYERS, FL 33912	I	:	CA			\$50.00
16							

(1) Name _	PASQUALE N BUTTINO				2) I.D. Numbe	r	
	9/27/2008		1	0/10/2008			
(3) Cover Pe	riod / /	thro			(4) Page	<u> </u>	of 6
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/6/2008	GIULIANO, FRANK 4417 SW 18TH PLACE CAPE CORAL, FL 3914	I		CA			\$50.00
10/6/2008	HARRIS, MARK 27654 IMPERIAL RIVER	I		CA			\$50.00
18	BONITA SPRINGS, FL 34134						
10/6/2008	HARRISON, THOMAS 707 ZEPPLIN PLACE FT. MYERS, FL 33913	I		CA			\$50.00
19							
10/6/2008 / /	HERNANDEZ, JONATHAI  6355 SAINT ANDREWS CIRCLE  FT. MYERS, FL 33919			CA			\$50.00
10/6/2008	HOGREFE, ALAN 6708 DABNEY ST. FT. MYERS, FL 33912	I		CA			\$50.00
21		i					
10/6/2008	HUGHES, ADAM 17557 PHLOX DRIVE FT. MYERS, FL 33912	I		CA			\$50.00
22	LINDGREN, ZACHARY	I		CA			\$50.00
10/6/2008	3540 BAILES ST. BONITA SPRINGS, FL 34134						<b>\$30.00</b>
	MOSCHELLA, ANTHONY	ī		CA			\$50.00
10/6/2008	20611 PARK PLACE ESTERO, FL 33928						ş30.00
24							

(1) Name	PASQUALE N BUTTINO				(2) I.D. Numbei	r	
	9/27/2008			L0/10/2008			
(3) Cover Peri	iod / /	thr	ough	//	(4) Page	<b>4</b>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/6/2008	NOLIN, ADAM 1344 BRADFORD RD. FT. MYERS, FL 33901	I		CA	5001,5.10		\$50.00
25							
10/6/2008	PEREZ, RAMON 15892 SW 63RD TERRACE MIAMI, FL 33193	I		CA			\$50.00
26							
10/6/2008 / /	PHILIPS, PAUL 6840 CADET AVENUE FT. MYERS, FL 33905	I		CA			\$50.00
27							
10/6/2008	PLATAS, DANIEL 105 HIGHVIEW AVENUE LEHIGH, FL 33936	I		CA			\$50.00
28							: 
10/6/2008	REDFIELD, DEBORAH 27514 TIERRA DEL SOL BONITA SPRINGS, FL 34135	I		CA			\$50.00
29							
10/6/2008	REVEL, ALEXIS 321 ROBINHOOD CIRCLE # 103 NAPLES, FL 34104	I		CA			\$50.00
30							

10/6/2008

10/6/2008

31

32

SCHMIDT, ANDREW
3352 ARLETTE DRIVE

SCHMIDT, ROBERT 19994-4 LAKE VISTA CIRCLE

LEHIGH ACRES, FL 33936

NAPLES, FL 34109

I

CA

CA

\$50.00

\$50.00

(1) Name _	PASQUALE N BUTTINO				2) I.D. Numbe	er	
	9/27/2008			10/10/2008			
(3) Cover Pe	eriod / /	thr			(4) Pag	e	of _6
(5)	(7)	T	(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(9)	(10)	('')	(12)
	<del></del>						
(6)	(Last, Suffix, First, Middle)	_					j
Sequence	Street Address &	1	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
10/6/2008	SIMON, MARK 8687 RIVER HOMES LANE #203 BONITA SPRINGS, FL 34135	I		CA			\$50.0
33							
10/6/2008	STIRNS, MARK 9281 MIDDLE OAK DRIVE. FT. MYERS, FL 33912	I		CA			\$50.0
34					i		
10/6/2008	VALENTINO, ANTHONY 22051 SPRING MILL CT. ESTERO, FL 33928	I		CA			\$50.00
35							
10/6/2008	WERSTEIN, RANDY 2436 FLORA AVENUE FT. MYERS, FL 33907	I		CA	:		\$50.00
36							
10/6/2008	WILETTE, LEO 4837 TARPON AVE. BONITA SPRINGS, FL 34134	ī		CA			\$50.00
37							
10/6/2008	WILLIAMS, ERNEST 2640 4TH AVE. SE NAPLES, FL 34117	I		CA			\$50.00
38							
10/6/2008	ZAMORA, JIMMY 10200 MISOMA SILK DRIVE	Ī		CA			\$50.00
1 1	FT. MYERS, FL 33913						
39							
10/6/2008	Walz, Melvin 1203 YARMOUTH STREET PT CHARLOTTE, FL 33952	I	retired	СН		-	\$300.00
40							

(1) Name	PASQUALE N BUTTINO			(	2) I.D. Number	r	
	9/27/2008		1	0/10/2008			
(3) Cover Per	iod//	thre	ough	/ <u> </u>	(4) Page	e <sup>6</sup>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
10/6/2008	CAREY, RICHARD  1422 EAGLE STREET PT CHARLOTTE, FL 33952	I	retired	СН			\$500.00
41							
9/29/2008 / /	DEWITT, GREG 11840 IMPERIAL PINES WAY BONITA SPRINGS, FL 34135	I		IK	subscript ion for absentee ballot and registered		\$41.50
42					voter		
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### **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	PASQUA	ALE N BU	UTTINO			_		(2) I.D. Nun	ıber		127	
` _		9/27/2	8008		10/10/	2008						
(3) Cover	Period _	/_	/_	through_	/	/	<u></u>	(4) Page	1	of	1	

(3) Cover Perio	d/through		4) Page <u>1</u>	of _	1
(5)  Date  (6)  Sequence Number	(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)	(11)
10/3/2008	ARTYPE, 3530 WORK DRIVE FT MYERS, FL 33135	yard signs and car magnets	МО		\$467.73
10/7/2008	KOPY, KWIK 13881 PLANTATION ROAD SUITE 5 FT MYERS, FL 33912	absentee ballot mailers and postage	МО		\$2,865.50
//					
//					
/ /					
11					

CCT 17 200 POSTAGE
BOCT 17 200 M THE
UNITED STATES

Baith Springs, PC 34135

Pasquale Buthino 28533 Highgate Dr.

# **BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL.
POSTAGE WILL BE PAID BY ADDRESSEE
SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888

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OBOCISON/IS3750ELeeCoFT

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY						
(1) PASQUALE N BUTTINO Name	OFFICE USE ONLY 127						
(2) 28533 HIGHGATE DR, BONITA SPRINGS, FL 3	4135						
Address (number and street)	(						
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):  X Candidate (office sought): BONITA SPRINGS FIRE-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						
( <b>5) REPORT</b> 9/13/2008	IDENTIFIERS 9/26/2008						
Cover Period: From / / / To	9726/2008 / Report Type G2						
☑ Original ☐ Amendment ☐ Special Election	n Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$ 500.00	Monetary Expenditures \$ 0.00						
Loans \$ 0.00	Transfers to Office Account \$ 0.00						
Total Monetary \$ 500.00	Total						
In-Kind \$	Monetary \$ 0.00						
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
, ,	IFICATION son 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.	I certify that I have examined this report and it is true, correct, and complete.						
(Type name)  Individual (only for election eering commun.)  X  Manual  Treasurer  Deputy Treasurer  N  N  N  N  N  N  N  N  N  N  N  N  N	(Type name)  Candidate  Chairperson (oxfy for PC, PT)  election original complete.						
Signature Signature	Signature Signature						

(1) Name	PASQUALE N BUTTINO		(2) I.D. Number						
	9/13/2008		9/26/2008						
(3) Cover Per	iod///	through	11	(4) Page	e <u>1</u>	of 1			
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		In-kind Description	Ameridment	Amount			
9/24/2008 / /	Bonita Springs Prof Fire Fight, Local 3444 11840 Imperial Pines Way	O fire fighter union	CH			\$500.0			
1	Bonita Springs, FL 34135								
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DS-DE 13 (Rev. 08	(03) S	EE REVERSE FOR	INSTRUCTIONS	AND CODE VALU	IES				

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name PASQUALE N BUTTINO 127 (2) I.D. Number \_\_\_\_\_ 9/13/2008 9/26/2008 (3) Cover Period \_\_\_\_\_/ \_\_\_ through \_\_\_\_/\_\_\_/ (4) Page \_\_\_\_\_ of \_\_\_\_ (10) (7) (8) (9) (11) (5) Date Fuli Name **Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type candidate) Amount City, State, Zip Code Amendment Number

DS-DE 14 (Rev. 08/03)