

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

16 OCT 10 PM 3:56

CITY CLERK
CITY OF SUNRISE

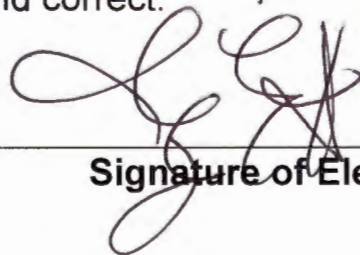
Name <u>Joseph Scutoffo</u>		Office to Which Elected <u>Commissioner</u>	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL</u>	Zip Code <u>33323</u>
Name of Bank <u>BBAT</u>			
Address <u>3401 N. Pine Island Rd.</u>	City <u>Sunrise</u>	State <u>FL</u>	Zip Code <u>33351</u>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 7/1/16 through 9/30/16.

Balance on hand at beginning of reporting period	\$ <u>269.16</u>
Deposits during reporting period <u>Transfer</u>	\$ <u>368.82</u>
Disbursements during reporting period	\$ <u>45.00</u>
Balance on hand at end of reporting period	\$ <u>592.98</u>

I, Joseph Scutoffo, certify that this report is complete, true and correct.

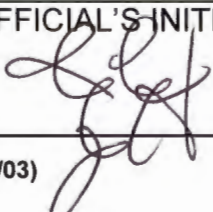
X



Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
7/23	BB+T 3401 N. Pine Island Rd. Sunrise, FL. 33351	Bank Fee	15	
8/23	BB+T 3401 N. Pine Island Rd. Sunrise, FL. 33351	Bank Fee	15	
9/23	BB+T 3401 N. Pine Island Rd. Sunrise, FL. 33351		15	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			45	

CITY CLERK
CITY OF SUNRISE
16 OCT 10 PM 3:56

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

16 JUL 11 PM 1:53

CITY CLERK
CITY OF SUNRISE

Name <u>Joseph Scuffo</u>		Office to Which Elected <u>Commissioner</u>	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BB&T BANK</u>			
Address <u>3401 N. Pine Island Rd.</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33351</u>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 4/1/16 through 6/30/16.

Balance on hand at beginning of reporting period	\$ <u>304.76</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>45.00</u>
Balance on hand at end of reporting period	\$ <u>269.16</u>

I, Joseph Scuffo, certify that this report is complete, true and correct.

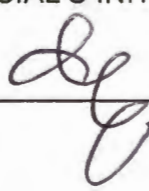
X



Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
4/23	BBAT 3401 N. Pine Island Rd. Sunrise, Fl. 33351	Bank Fee	15	
5/23	BBAT 3401 N. Pine Island Rd. Sunrise, Fl. 33351	Bank Fee	15	
6/23	BBAT 3401 N. Pine Island Rd. Sunrise, Fl. 33351	Bank Fee	15	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			45	

16 JUL 11 PM 1:53
CITY CLERK
CITY OF SUNRISE

OFFICE ACCOUNT REPORT
(Section 106.141, F.S.)

(PLEASE TYPE)

CITY CLERK
OFFICE USE ONLY
CITY OF SUNRISE

16 APR -5 AM 10:47

Name <u>Joseph Scutoffo</u>		Office to Which Elected	
Address <u>4220 N.W. 115 AVE</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BFB+T BANK</u>			
Address <u>3401 N. Pine Island RD.</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33351</u>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 1/31/16 through 3/31/16.

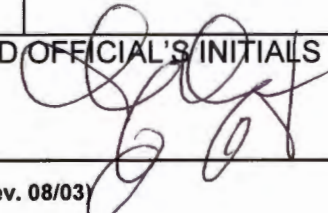
Balance on hand at beginning of reporting period	\$ <u>349.76</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>45.00</u>
Balance on hand at end of reporting period	\$ <u>304.76</u>

I, Joseph Scutoffo, certify that this report is complete, true and correct.

X 
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
1/23/16	BB&T 3401 N. Pine Is/nd Sunrise, FL. RD. 33351	Bank Fee	15-	
2/23/16	BB&T 3401 N. Pine Is/nd Sunrise, FL. RD. 33351	Bank Fee	15-	
3/23/16	BB&T 3401 N. Pine Is/nd Sunrise, FL. RD. 33351	Bank Fee	15-	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			45-	

16 APR -5 AM 10:47

CITY CLERK
CITY OF SUNRISE

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

16 JAN -5 AM 11:46

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Scuffo</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33323</i>
Name of Bank <i>BB&T Bank</i>			
Address <i>3401 N. Pine Island Rd.</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33351</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 10/1/15 through 12/31/15.

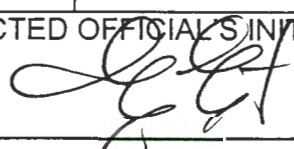
Balance on hand at beginning of reporting period	\$ <u>1298.76</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>949.76</u>
Balance on hand at end of reporting period	\$ <u>349.76</u>

I, Joseph Scuffo, certify that this report is complete, true and correct.

X *Joseph Scuffo*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
9/27/15	Phase II Rec Assoc. Sunrise Lakes Blvd, Sunrise, FL.	AD Book	400-	
11/23/15	SIDS 2893 Executive Park Dr. Suite 204 Weston, FL 33331	Donation Ticket	200 -	
11/23/15	Phase IV Womens Club Sunrise Lakes Blvd Sunrise, FL.	Sponsor Break Fast	150 -	
11/23/15	Bank Fee For Money order	Bank Fee	15 -	
12/1/15	Service Fee Bank (yearly) (Amend)	Bank Fee	144 -	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			949 -	

CITY CLERK
 CITY OF SUNRISE
 16 JAN -5 AM 11:47

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

16 JAN -5 AM 11:46

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Scuffo</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33323</i>
Name of Bank <i>BB+T Bank</i>			
Address <i>3401 N. Pine Island Rd.</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33351</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 10/1/15 through 12/31/15.

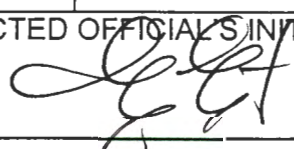
Balance on hand at beginning of reporting period	\$ <u>1298.76</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>949.76</u>
Balance on hand at end of reporting period	\$ <u>349.76</u>

I, Joseph Scuffo, certify that this report is complete, true and correct.

X *Joseph Scuffo*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
9/27/15	Phase II Rec Assoc. Sunrise Lakes Blvd, Sunrise, FL.	AD Book	400-	
11/23/15	SIDS 2893 Executive Park Dr. Suite 204 Weston, FL 33331	Donation Ticket	200 -	
11/23/15	Phase IV Womens Club Sunrise Lakes Blvd Sunrise, FL.	Sponsor Break Fast	150 -	
11/23/15	Bank Fee For Money order	Bank Fee	15 -	
12/1/15	Service Fee Bank (yearly) (Amend)	Bank Fee	144 -	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			949 -	

CITY CLERK
 CITY OF SUNRISE
 16 JAN -5 AM 11:47

15 OCT 12 AM 10:44

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

Name <i>Joseph Scutto</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33323</i>
Name of Bank <i>B.B.+Y</i>			
Address <i>P.O. Box 8608</i>	City <i>FT. Lauderdale</i>	State <i>FL</i>	Zip Code <i>33310</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 7/1/15 through 9/30/15.

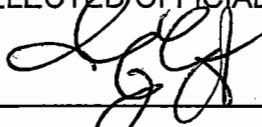
Balance on hand at beginning of reporting period	\$ <u>1,774.06</u>
Deposits during reporting period	\$ <u>—</u>
Disbursements during reporting period	\$ <u>475.30</u>
Balance on hand at end of reporting period	\$ <u>1298.76</u>

I, Joseph Scutto, certify that this report is complete, true and correct.

X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
7/3/15	Walmart 12555 W. Sunrise Blvd. Sunrise, FL 33323	July 4 Hours out Parade	475.30	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			475.30	

CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY
15 JUL 10 PM 2:24

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

Name <u>Joseph Scuffo</u>		Office to Which Elected <u>Commissioner</u>	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BB&T</u>			
Address <u>P.O. Box 8608</u>	City <u>JT. Creek</u>	State <u>FL.</u>	Zip Code <u>33310</u>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 4/1/15 through 6/30/15.

Balance on hand at beginning of reporting period	\$ <u>1,974.06</u>
Deposits during reporting period	\$ <u>—</u>
Disbursements during reporting period	\$ <u>200.00</u>
Balance on hand at end of reporting period	\$ <u>1,774.06</u>

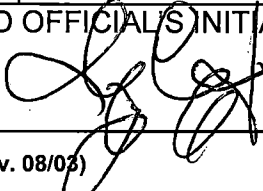
I, Joseph Scuffo, certify that this report is complete, true and correct.

X [Signature]
Signature of Elected Official

**OFFICE ACCOUNT
DISBURSEMENT OR DEPOSIT INFORMATION**

15 JUL 10 PM 2:24

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
5/15	DAN MARINO Foundation 400 N. Andrews suite 300 FD - WAD. FL 33301	Ticket	200	—
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			200. ⁰⁰	

CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY

15 APR 10 PM 5:21

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

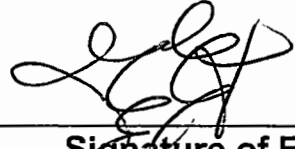
(PLEASE TYPE)

Name <u>Joseph Scutoffo</u>		Office to Which Elected	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL</u>	Zip Code <u>33323</u>
Name of Bank <u>BBAT</u>			
Address <u>P.O. Box 8608</u>	City <u>FT-LAUD.</u>	State <u>FL</u>	Zip Code <u>33310</u>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 1/1/15 through 3/31/15.

Balance on hand at beginning of reporting period	\$ <u>\$3228.44</u>
Deposits during reporting period	\$ <u>-</u>
Disbursements during reporting period	\$ <u>\$1254.38</u>
Balance on hand at end of reporting period	\$ <u>\$1974.06</u>

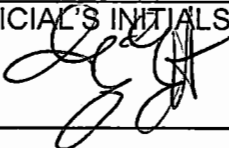
I, Joseph A. Scutoffo, certify that this report is complete, true and correct.

X 
Signature of Elected Official

RECEIVED BY
CITY OF DENVER

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
2/15	Best Buy #551 12801 12801 b. Sumner Blvd. Parker, CO 80323 <u>Replace Computer</u>	Computer <u>Screen</u>	1049.38	
3/30/15	Glen Anderson Annual charity ALS.	Ticket donation	205	—
ELECTED OFFICIAL'S INITIALS 			TOTAL 1254.38	TOTAL

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

15 JAN 12 PM 4:04

CITY CLERK
CITY OF SUNRISHT

Name <u>Joseph Scutto</u>		Office to Which Elected	
Address <u>4220 N.W. 115we</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BBAT</u>			
Address <u>P.O. Box 8608</u>	City <u>JT. CAW</u>	State <u>FL.</u>	Zip Code <u>33310</u>

This report contains 2 pages of Deposits and

Disbursements, upon which I have written my initials covering the period of 10/1/14 through 12/31/14.

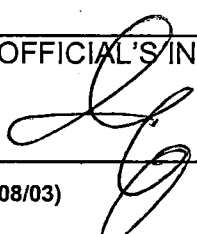
Balance on hand at beginning of reporting period	\$ <u>3428.44</u>
Deposits during reporting period	\$ <u>—</u>
Disbursements during reporting period	\$ <u>200.00</u>
Balance on hand at end of reporting period	\$ <u>3228.44</u>

I, Joseph Scutto, certify that this report is complete, true and correct.

X [Signature]
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
11/19	SIDS 2320 Weston Rd. Weston, FL 33326 EVENT location	Ticket	200.00	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			200.00	

CITY CLERK
CITY OF SUNRIS

15 JAN 12 PM 4:04

CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY

14 OCT 10 AM 11:35

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

Name <u>Joseph Scutto</u>		Office to Which Elected <u>Commissioner</u>	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BB+T</u>			
Address <u>P.O. Box 8608</u>	City <u>FT. LAUD.</u>	State <u>FL.</u>	Zip Code <u>33310</u>

This report contains _____ pages of Deposits and Disbursements, upon which I have written my initials covering the period of 7/1/14 through 9/30/14.

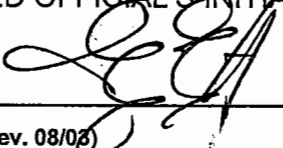
Balance on hand at beginning of reporting period	\$ <u>3628.44</u>
Deposits during reporting period	\$ <u>—</u>
Disbursements during reporting period	\$ <u>200.00</u>
Balance on hand at end of reporting period	\$ <u>3428.44</u>

I, Joseph Scutto, certify that this report is complete, true and correct.

X [Signature]
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
6/16/14	NOVA Southeastern Athletic Dept. Tony Segreto 3301 College Ave Fort Lauderdale, FL 33314	Ticket	\$ 200.00	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			200	—

OFFICE USE ONLY
CITY OF SUNRISE

14 OCT 10 AM 11:35

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

Name <i>Joseph Scovotto</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>Fl.</i>	Zip Code <i>33323</i>
Name of Bank <i>BBW</i>			
Address <i>P.O. Box 8608</i>	City <i>Fl. Land.</i>	State <i>Fl.</i>	Zip Code <i>33310</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 4/1/14 through 6/30/14.


Balance on hand at beginning of reporting period	\$ <u>4078.44</u>
Deposits during reporting period	\$ <u>—</u>
Disbursements during reporting period	\$ <u>450.00</u>
Balance on hand at end of reporting period	\$ <u>3628.44</u>

I, Joseph Scovotto, certify that this report is complete, true and correct.

X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
5/1/14	Glean Anderson ALS GOLF TOUR JACARANDA GOLF CLUB PLANTATION, FL 33322	Ticket SPONSOR	200	00
5/8/14	DAN MARIONO Foundation 400 N. Andrews Ave ATLANTA, GA 30301	Ticket	250	00
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			450	00

CITY CLERK
OFFICE USE ONLY

14 OCT 10 AM 11:35

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

Name <u>Joseph Scutto</u>		Office to Which Elected <u>Commissioner</u>	
Address <u>4220 N.W. 115 Ave</u>	City <u>Sunrise</u>	State <u>FL.</u>	Zip Code <u>33323</u>
Name of Bank <u>BB&T</u>			
Address <u>P.O. Box 8608</u>	City <u>FT. LAUD</u>	State <u>FL.</u>	Zip Code <u>33310</u>

This report contains 2 pages of Deposits and

Disbursements, upon which I have written my initials covering the period of

1/1/14 through 3/31/14.

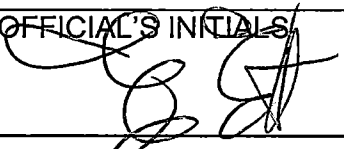
Balance on hand at beginning of reporting period	\$ <u>4078.44</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>0</u>
Balance on hand at end of reporting period	\$ <u>4078.44</u>

I, Joseph Scutto, certify that this report is complete, true and correct.

X [Signature]
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
ELECTED OFFICIAL'S INITIALS 			TOTAL 0	TOTAL 0

OFFICE ACCOUNT REPORT
(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

14 JAN - 7 PM 5:37

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Scuffo</i>		Office to Which Elected <i>Commissioner</i>		
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL.</i>	Zip Code <i>33323</i>	
Name of Bank <i>Bank Atlantic/BBT</i>				
Address <i>P.O. Box 8608</i>	City <i>FT. LAUD.</i>	State <i>FL.</i>	Zip Code <i>33310</i>	

This report contains 2 pages of Deposits and Disbursements upon which I have written my initials covering the period of 10/1/13 through 12/31/13.

Balance on hand at beginning of reporting period	\$ <u>4078.44</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>0</u>
Balance on hand at end of reporting period	\$ <u>4078.44</u>

I, *Joseph Scuffo*, certify that this report is complete, true and correct.

X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

14 JAN -7 PM 5:37

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Sautto</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL.</i>	Zip Code <i>33323</i>
Name of Bank <i>Bank Atlantic / BST</i>			
Address <i>P.O. Box 8608</i>	City <i>FT-LMD</i>	State <i>FL.</i>	Zip Code <i>33310</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 7/1/13 through 9/30/13.

Balance on hand at beginning of reporting period	\$ <u>4828.44</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>250.00</u>
Balance on hand at end of reporting period	\$ <u>4078.44</u>

I, *Joseph Sautto*, certify that this report is complete, true and correct.

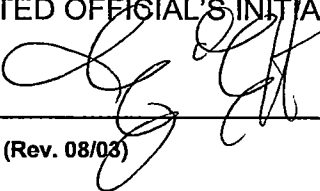

X *[Signature]*
Signature of Elected Official

REGISTRATION
OFFICE

JAN 1 6 53 AM '14

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
9/30/13	Anthony Valenti Trust Fund Charity 330 ST. RD. 84 FT. CARB 1 33315	Tickets	250	00
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			250. ⁰⁰	

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

14 JAN - 7 PM 5:37

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Saffo</i>		Office to Which Elected		
Address <i>4220 NW. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33323</i>	
Name of Bank <i>Bank of America / BBT</i>				
Address <i>P.O. Box 8608</i>	City <i>FT-Laud</i>	State <i>FL</i>	Zip Code <i>33310</i>	

This report contains 2 pages of Deposits and

Disbursements, upon which I have written my initials covering the period of

4/1/13 through 6/30/13.

Balance on hand at beginning of reporting period	\$ <u>4628.44</u>
Deposits during reporting period	\$ <u>300 e</u>
Disbursements during reporting period	\$ <u>300.00</u>
Balance on hand at end of reporting period	\$ <u>4328.44</u>

I, *Joseph Saffo*, certify that this report is complete, true and correct.

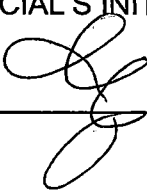
X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

STATE OF FLORIDA
 OFFICE OF THE CLERK

JAN 1991 - JUNE 2011

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
6/10/13	NOVA Southeastern University 3301 College Ave Davie, FL 33314	Tickets	300	00
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			300	—

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

14 JAN -7 PM 5:37

CITY CLERK
CITY OF SUNRISE

Name <i>Joseph Scuffo</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>SUNRISE</i>	State <i>FL.</i>	Zip Code <i>33323</i>
Name of Bank <i>Bank Atlantic</i>			
Address <i>P.O. Box 8608</i>	City <i>FT. LAUD.</i>	State <i>FL.</i>	Zip Code <i>33310</i>

This report contains 2 pages of Deposits and

Disbursements, upon which I have written my initials covering the period of
10/1/12 through 12/31/12.

Balance on hand at beginning of reporting period	\$ <u>4628.44</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>0</u>
Balance on hand at end of reporting period	\$ <u>4628.44</u>

I, *Joseph Scuffo*, certify that this report is complete, true and correct.

X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
<i>[Handwritten Signature]</i>			0	0

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

OFFICE USE ONLY

(1) Joseph Scovitto
Name
(2) 4220 NW. 115 Ave
Address (number and street)
Sunrise, Fl. 33323
City, State, Zip Code

(3) ID Number: _____

CITY CLERK
CITY OF SUNRISE
12 SEP -6 PM 4:21

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Group B

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 4/1/12 To 9/6/12 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000

Loans \$ 0

Total Monetary \$ 1,000

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 14,678.83

Transfers to Office Account \$ 4628.44

Total Monetary \$ 19,307.27

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date

\$ 21,770

(10) TOTAL Monetary Expenditures To Date

\$ 21,770

(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

Christina Scovitto

[Signature]

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scaffo (2) I.D. Number _____

(3) Cover Period 4, 1, 12 through 9, 6, 12 (4) Page 2 of 5

(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
(6) Sequence Number		Type	Occupation				
3, 21, 12	Amanda OAK LLC 2720 W. Atlantic Blvd Pompano Beach, FL 33069	ctfe	LAND owner				500
4, 4, 12	F.O.P. 10248 N.W. 4th St Sunrise, FL 33351	ctfe	Union				500
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

12 SEP - 6 PM 4:22
 CITY CLERK
 CITY OF SUNRISE

1000

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period 4, 1, 12 through 9, 6, 12

(4) Page 3 of 5

(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
4/13/12	A+A Party Rental 10795 NW 53 ST Sunrise, FL 33351	Rentals	ctfe		2425.00
4/14/12	Scuffo's Pizza + Pasta Etc. 3455 N. Hatus Rd. Sunrise, FL 33351	Deposit Party	ctfe		2000-
4/16/12	Dan Marino Foundation 400 N. Andrews Ave FD-CMB FL 33301	Tickets Donation	ctfe		250-
4/17/12	Spinal Cord Town 4399 N. Hill Road Sunrise, FL 33351	AD	ctfe		75-
11/10/11	VOID				72 SEP - 6 PM 4:21 CITY CLERK CITY OF SUNRISE
5/12/12	Leukemia-Lymphoma 2-Oakwood Blvd, S-200 Hollywood, FL 33020	Donation	ctfe		250-
5/20/12	Scuffo's Pizza + Pasta 34.55 N. Hatus Rd. Sunrise, FL 33351	Party AD. in Full	ctfe		1000-
6/4/12	City of Sunrise 10770 W. Oakland Pk Blvd. Sunrise, FL 33351	Filing Fee	ctfe		2752.56

6752.56

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scatto

(2) I.D. Number _____

(3) Cover Period 4, 1, 12 through 9, 6, 12

(4) Page 4 of 5

(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
8/20/12	Cher's Event/Broward 1600 S. Andrews Health FT. LAUD., FL. 33316	Donation	che		500 ⁻
8/20/12	Imperial Point/Broward Health 6401 N. Fed Highway FT. LAUD., FL. 33308	Donation	che		500 ⁻
8/21/12	LIGHT THE NIGHT 2-OAKWOOD BLVD. S-200 Hollywood, FL 33020	Donation	che		500 ⁻
8/28/12	City of Hope 10102 Sunrise Lakes Blvd. Sunrise, FL. 33322	Donation	che		250 ⁻
4/23/12	Best Buy 12301 W. Sunrise Blvd. Plantation, FL. 33323	Debit Computer Printer	Debit		1326.27 ⁻
/ /					
/ /					
/ /					

12 SEP -6 PM 4:21
CITY CLERK
CITY OF SUNRISE

3076.27

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period 4, 1, 12 through 9, 6, 12

(4) Page 5 of 5

(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
6/4/12	DYSSTONOMIA 10102 Sunrise Lakes Blvd Sunrise, FL. 33322	Donation	cte		250 ⁻
6/24/12	Joe DiMaggio Children's Hospital 1005 Joe DiMaggio Dr Hollywood, FL. 33021	Donation	cte		1000 ⁻
6/28/12	Children Charty Padens 12348 N.W. 26 St Orlando Springs, FL 33065	Donation	cte		1000 ⁻
6/28/12	Pancreatic Cancer Action Network Inc. 2141 Rosecrans Ave S FL - SEQUOIA - CA 90245	Donation	cte		250 ⁻
7/17/12	Park Vista H.S. 7900 Jog Rd. Lake Worth, FL. 33467	Donation	cte		1000 ⁻
7/24/12	Sunrise Women Club 10102 Sunrise Lakes Blvd. Sunrise, FL. 33322	Donation	cte		250 ⁻
8/20/12	Folds of Honor 8150 Spring Tree Dr. Sunrise, FL. 33351	Donation	cte		100 ⁻
8/20/12	DAN MARINO Foundation 400 N. Andrews FD. LAND. FL. 33301	Donation	cte		1000 ⁻

12 SEP - 6 PM 4:22

CITY CLERK
CITY OF SUNRISE

4950

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

(1) Joseph Scutto
Name
(2) 4220 N.W. 115 Ave
Address (number and street)
Sunrise, FL 33323
City, State, Zip Code

OFFICE USE ONLY

12 APR 11 AM 11:29
CITY CLERK
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Sunrise City Commissioner Group B
 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 1, 1, 12 To 3, 30, 12 Report Type Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 4150

Loans \$ 0

Total Monetary \$ 4150

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 550.00

Transfers to Office Account \$ _____

Total Monetary \$ 550.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 20,770

(10) TOTAL Monetary Expenditures To Date
\$ 1839.00

(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

Chris Scutto
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)

Joseph Scutto
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo (2) I.D. Number _____

(3) Cover Period 11/1/12 through 3/30/12 (4) Page 4 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
2, 21, 12	Gleyn R. Humphrey Angela 12066 Class. 2 Dr. Coral Springs, FL 33071	ctfe	Eng.				250 ⁻
2, 17, 12	Roberto Bork 491 - Coconut Palms Ter. Plantation, FL 33324	ctfe	Lawyer				500 ⁻
2, 17, 12	Roberto Bork 18851 - NE. 29 Ave Aventura, FL 33180	ctfe	Lawyer				500 ⁻
2, 20, 12	MARVIN + Arlene Lagerdorf 10133 N.W. 24 Pl. Sunrise, FL 33322	ctfe	Home Maker				200 ⁻
/ /							
/ /							
/ /							
/ /							
/ /							

12 APR 11 AM 11:29
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Sciffo

(2) I.D. Number _____

(3) Cover Period 1, 1, 12 through 3, 30, 12

(4) Page 3 of 4

(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
2, 21, 12	MJG Unlimited 6278 N. Federal Hwy P.O. Box, FL. 33308	ctfe	Business				2 200. ⁰⁰
2, 21, 12	Craven Hanson + Assoc 3563 N.W. 53 RD ST P.O. Box, FL. 33309	ctfe	Eng.				250. ⁰⁰
2, 21, 12	O2 Development One Lather Parkway Sunrise, FL. 33323	ctfe	Developer				500. ⁰⁰
2, 21, 12	Re Bro - Inc. 6278 N. Fed. Hwy P.O. Box, FL. 33308	ctfe	Business				500. ⁰⁰
2, 21, 12	Arthur + Madeline Sciffo 4352 N.W. 51 st Coconut Creek, FL 33073	ctfe	Home maker				250. ⁰⁰
2, 21, 12	Albert Panzarella 4323 Laurel Pl Weston, FL. 33332	ctfe	Business waste				250. ⁰⁰
2, 20, 12	John Millege 200 S.W. 1st Ave P.O. Box, FL. 33301	ctfe	Lawyer				500. ⁰⁰
2, 20, 12	Harold Aiken 13537 N.W. 5 th Ct. Plantation, FL. 33325	ctfe	Business Eng.				250. ⁰⁰

12 APR 11 AM 11:29
CITY OF SUNRISE
CITY CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period JAN 1, 12 through 3, 30, 12

(4) Page 2 of 4

(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
2/24/12	A+A Party Rental Sunrise, FL 33351	Sponsor Table + Chairs Tents	ctfe		300-
3/19/12	Glenn Anderson Golf Tour Loo Gerig Disease Hollywood, FL	sponsor	ctfe		250-
///					
///					
///					
///					
///					
///					
///					

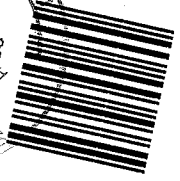
CITY CLERK
 CITY OF SUNRISE
 12 APR 11 AM 11:29

\$550

From: J. Scuffo
4220 N.W. 42nd Ln
Sunrise, FL 33323

CITY CLERK
CITY OF SUNRISE

12 APR 11 AM 11:28



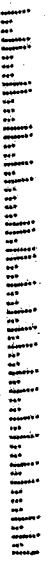
U.S. POSTAGE
PAID
SUNRISE, FL
APR 10 2012
RNDQUNT
\$0.45
00060474-12

To: City of Sunrise
16770 W. OAKLAND PARK BLVD.
SUNRISE FL. 33351
City Clerk Office

Ready Post®

Document Mailer

3035136633



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

12 JAN 10 PM 3:38
 CITY CLERK
 CITY OF SUNRISE

(1) Joseph A. Scutoffo
 Name
 (2) 4220 N.W. 115 Ave
 Address (number and street)
Sunrise, FL 33323
 City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

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

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 1 / 11 To 12 / 31 / 11 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 700⁰⁰
 Loans \$ 0
 Total Monetary \$ 700⁰⁰
 In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 794
 Transfers to Office Account \$ 0
 Total Monetary \$ 794

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 14,620

(10) TOTAL Monetary Expenditures To Date
 \$ 1289⁰⁰

(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.

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

(Type name)

Individual (only for electioneering comm.) Treasurer Deputy Treasurer

Christy Stiles
 Signature

(Type name)

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

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Sculto

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 11 through 12 / 31 / 11

(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
10/18/11	SOS Citi/Dressville 3681 N.W. 59 PL Pompano Beach, FL 33073	Ticket	ctfe		250 ⁻
11/25/11	SHARP SAVER Magazine 6401 NW 54 Dr Coral Springs, FL 33067	AD	ctfe		294 ⁻
12/16/11	Tops in Sun Run Joe DiMaggio Officiants Hospital 1005 Joe DiMaggio Dr Hollywood, FL 33021	Ticket	ctfe		250 ⁻
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
12 JAN 10 PM 3:38

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo (2) I.D. Number _____

(3) Cover Period 10 / 1 / 11 through 12 / 31 / 11 (4) Page 2 of 2

(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
11 / 16 / 11	Alan	cte	LAW	cte	—	—	200
		B					
11 / 16 / 11	Montgomery/ntson 490 Sawgrass Corporate Pkwy Sunrise, FL 33325	cte	Engineer	cte	—	—	500
		B					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

12 JAN 10 PM 3:39
CITY CLERK
CITY OF SUNRISE

700

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

OFFICE USE ONLY

CITY CLERK
 CITY OF SUNRISE
 11 OCT 10 PM 1:30

(1) Joseph A. Scutoffo
 Name
 (2) 4220 N.W. 115 Ave
 Address (number and street)
SUNRISE, FL. 33323
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Sunrise City Commissioner Group B
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7, 1, 11 To 9, 30, 11 Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 13,820
 Loans \$ 100
 Total Monetary \$ 13,920
 In-Kind \$ 400

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 495⁰⁰
 Transfers to Office Account \$ 0
 Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 13,920

(10) TOTAL Monetary Expenditures To Date
 \$ 495.00

(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) MARIE Scutoffo
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Marie Scutoffo
 Signature

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

(Type name) Joseph A. Scutoffo
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period 7, 1, 11 through 9, 30, 11

(4) Page 2 of 6

(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
9, 15, 11	Western Young 3681 W. Oakland Ave Lauderdale Lake, FL 33311	B	Towiner	che			500
9, 15, 11	Jorjust Consulting 12717 W. Sunrise Sunrise, FL 33323	B	Finance	che			250
9, 15, 11	Stella Morales Rick Morales 7141 N.W. 77th Pl Parkland, FL 33067	F	Eng	che			200
9, 15, 11	Ilene & Stewart Liberina Michelson 4809 Woodlands Blvd. TAMARAC, FL 33319	F	Caregiver	che			250
9, 15, 11	William DePaolo 9300 NW 34th Ct. Sunrise, FL 33351	F	MANAGER BUS.	che			250
9, 15, 11	Metro Brand Fire Fighters 304 N.E. 1st. Pompano Beach, FL 33060	C	PAC	che			500
9, 15, 11	Marie Scuffo 11088 N.W. 23rd Sunrise, FL 33322	INK		Fr. Fund Donation			400

11 OCT 10 PM 1:30
CITY OF SUNRISE
CITY CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period 7, 1, 11 through 9, 30, 11

(4) Page 3 of 6

(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
9, 15, 11	Glenn R. Humphrey 12066 Classic Dr. Coral Springs, FL 33071	I	Eng.	che			250
9, 15, 11	HAROLD Aiken 13537 NW 5th St Sunrise, FL 33325	I	Eng.	che			250
9, 15, 11	Republic Services 8619 Western Way Jacksonville, FL 32256	B	Refuse	che			500
9, 15, 11	Victor Pujals 1722 Coral Creek Way Coral Gables, FL 33134	I	Eng	che			250
9, 15, 11	Florida CDM Pac 1601 Belvedere Rd West Palm Beach, FL 33406	C	Eng	che			500
9, 15, 11	R. J. Behar 6861 SW 196 Ave Parsippany, FL 33332	B	Eng	che			500
9, 15, 11	Sunrise FOP 80-A P.O. Box 450580 Sunrise, FL 33345	C	Employee Union	che			500
9, 15, 11	Open Road Responder 3681 W. Orchid Park Blvd Lauder Lake, FL 33311	B	Training	che			500

11:00 AM OCT 10 2011
CITY OF SUNRISE
CITY CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Sutto (2) I.D. Number _____

(3) Cover Period 9, 1, 11 through 9, 30, 11 (4) Page 4 of 6

(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
9, 15, 11	NFO PAPER PAC 1700 NW. 66th Ave PB. Cas. FL. 33313	C	PAC	ctfe			500
9, 15, 11	FLORIDA Panthers H.C. One Panther Parkway Sunrise, FL. 33323	B	Hockey Team	ctfe			500
9, 15, 11	ARENA Operating Co. 2555 Panther Parkway Sunrise, FL. 33323	B	Hockey Team	ctfe			500
9, 15, 11	REDACTED Leya Mathew 11650 NW. 21st Plantation, FL. 33323	F	Home maker	ctfe			500
9, 15, 11	Linda Taylor 13393 - 159th St. N. Jupiter, FL. 33478	F	Home maker	ctfe			500
9, 15, 11	Robert + John Nelson 9420 Sunrise Lakes Blvd. Sunrise, FL. 33322	F	Home maker	ctfe			75
9, 15, 11	Berger Commercial Realty 1600 SE. 17th St FL. Cas. FL. 33316	B	Realty	ctfe			500
9, 15, 11	Miles Austin Fornan	I	Realstate	ctfe			500

11 OCT 10 PM 1:31
CITY OF SUNRISE
CITY CLERK

3575

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo (2) I.D. Number _____

(3) Cover Period 7, 1, 11 through 9, 30, 11 (4) Page 5 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
9, 15, 11	Corradino Group 200 S. Fifth St. Louisville, Ky. 40202	B	Eng Co.	ctfe			500
9, 15, 11	Corradino Waste & Env. 5000 N.W. 33 Ave FT. LAUD, FL. 33309	B	Eng Co.	ctfe			500
9, 15, 11	Matthew Morrall Julie Morrall 2600 N.E. 21ST FT. LAUD, FL. 33305	I	Lawyer	ctfe			250
9, 15, 11	John M. Milledge 200 S.W. 1 st FT. LAUD, FL. 33301	B	Lawyer	ctfe			500
9, 15, 11	Thomas McDonald 7630 Marblehead PARKLAND, FL. 33067	B	Eng	ctfe			500
9, 15, 11	Rudew McClosky 200 East Brandon Blvd. FT. LAUD, FL. 33301	B	Lawyer FIRM	ctfe			500
9, 15, 11	Rudew McClosky c/o S. Blvd Tampa, FL. 33606	C	Lawyer FIRM	ctfe			500
9, 15, 11	Matt Morrall 2850 N. Ardmore Ave FT. LAUD, FL. 33311	B	Lawyer	ctfe			250

11 OCT 10 PM 1:31
CITY CLERK
CITY OF SUNRISE

3500

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scutto (2) I.D. Number _____

(3) Cover Period 7, 1, 11 through 9, 30, 11 (4) Page 6 of 6

(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
8, 17, 11	Joseph Scutto 4220 N.W. 115 Ave Sunrise, FL 33323	CAS	Pizza Commissioner	LOA			100-
9, 15, 11	Robert S. Cushing Sharon S. Cushing 8523 Grant Memorial Dr Sarasota, FL 34238	CHE	Eng	CHE			99-
9, 15, 11	Thomas Gillogly 2100 N.E. 16 Ave Wilton Manors, FL 33305	I	Eng	CHE			99
9, 15, 11	Lyle D. Munce Janet L. Munce 10566 88 Ave Park Lakes, FL 33076	I	Eng	CHE			99
9, 15, 11	Eric B. Leveque 2700 Las Vegas Blvd. Las Vegas, NV 89109	I	Eng	CHE			99
9, 15, 11	Rick D. Wite 76 S. Wildflower Dr Alpine, VT 84004	I	Eng	CHE			99
9, 15, 11	Brown + Caldwell 1697 Cole Blvd. Golden, CO 80401	B	Eng Co.	CHE			500
9, 15, 11	Americana Oak 2720 W. Atlantic Blvd Panama Beach, FL 32069	B	Shopping center	CHE	11 OCT 10 PM 1:31 CITY OF SUNRISE CITY CLERK		500

1595

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo (2) I.D. Number _____
 (3) Cover Period 7, 1, 11 through 9, 30, 11 (4) Page 6 of 6

(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					
9/29/11	Allison Liotti 17307 N.W. 80 ST TAMAVAC, FL 33321	Campaign ART Logo/Print	che		495
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
11 OCT 10 PM 1:30

CITY CLERK
CITY OF SUNRISE

11 AUG 17 PM 3:13

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Joseph Anthony Scoffo

3. Address (include post office box or street, city, state, zip code)
*4220 N.W. 115 Ave
Sunrise, FL. 33323*

4. Telephone
(954) 742-4443

5. E-mail address

6. Office sought (include district, circuit, group number)
Commissioner Group B

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Marie Scoffo

11. Mailing Address
11088 N.W. 23 ct.

12. Telephone
(954) 742-4443

13. City
Sunrise

14. County
Broward

15. State
FL.

16. Zip Code
33387

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Bank Atlantic

20. Address
3901 N.W. 88th Ave

21. City
Sunrise

22. County
Broward

23. State
FL.

24. Zip Code
33351

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
8/17/11

26. Signature of Candidate
X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Marie Scoffo*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/17/11
Date

X Marie Scoffo
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**


(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
11 AUG 17 PM 3:13

I, Joseph Scotto
candidate for the office of Commissioner Group B
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

8/17/11

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).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK
CITY OF SUNRISE

12 JAN 10 PM 3:38

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Joseph A. Scotto

3. Address (include post office box or street, city, state, zip code)

4220 N.W. 115 Ave
Sunrise, FL 33323

4. Telephone

(954) 802-7188

5. E-mail address

6. Office sought (include district, circuit, group number)

Sunrise City Commissioner Group B

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

CHRISTINA Scotto

11. Mailing Address

11730 NW 34 PL Sunrise FL 33323

12. Telephone

(954) 806-5847

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

BANK ATLANTIC

20. Address

P.O. Box 8608

21. City

FT. LAUD

22. County

Broward

23. State

FL

24. Zip Code

33310

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1/9/12

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

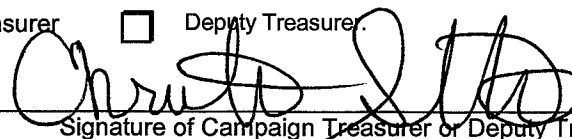
I, Christina Scotto, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

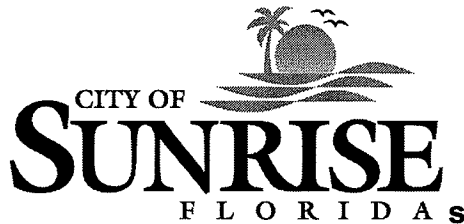
Campaign Treasurer Deputy Treasurer

1/10/12

Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

12 JUN -4 PM 3:40



NOTICE OF CANDIDACY AND AFFIDAVIT

I, Joseph A. Scotto do hereby affirm that I am a candidate for the office of Commissioner Group B, City of Sunrise, Broward County, Florida, in the Municipal Election to be held on November 6, 2012, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner or Mayor.

[Signature]
Signature
6/4/12
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 4th day of June, 2012 by Joseph A. Scotto

NOTARY PUBLIC-STATE OF FLORIDA
Felicia Bravo
Commission #DD848366
Expires: FEB, 11, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

[Signature]
, Notary Public

(seal)

Personally Known X OR Produced Identification _____
Type of Identification Produced _____

City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

CITY CLERK
CITY OF SUNRISE
12 JUN -4 PM 3:40

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Joseph "Joey" Scutto
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commissioner,
(office) (district #)

Group B; I am a qualified elector of Broward County, Florida;
(circuit #) (group or seat #)

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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X

[Signature]
Signature of Candidate

954 741-6711
Telephone Number

Email Address

4220 N.W. 115 Ave
Address

Sunrise
City

FL.
State

33323
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101421892

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

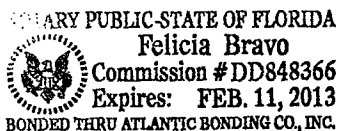
JO-SF jo-EE SKOO-to

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2012.

Personally Known: X or



[Signature]
Signature of Notary Public

Produced Identification: _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Scovito Joseph A.

MAILING ADDRESS:

4220 N.W. 115 Ave

Sunrise FL 33323 Broward

CITY: ZIP: COUNTY:

City of Sunrise

NAME OF AGENCY:

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUN - 4 PM 3:41

CITY OF BROWARD
CITY OF SUNRISE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Sunrise	10770 W. OAKLAND AVE Sunrise 33351	Commissioner
Scovito's PIZZA + PASTA	4220 N.W. 115 Ave Sunrise FL 33323	Restaurant
Scovito's Covey Island Treats	4220 N.W. 115 Ave Sunrise FL 33323	Catering

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Scovito's PIZZA + PASTA	Restaurant	3455 N. HATFIELD RD Sunrise	Restaurant
Scovito's Covey Island Treats	Catering	4220 N.W. 115 Ave Sunrise	Catering

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

4220 N.W. 115 Ave Sunrise FL 33323
11088 N.W. 23 St Sunrise FL 33322

FILING INSTRUCTIONS for when 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 FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
ICMA 401	Personnel
ICMA 457	Personnel

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo (Home)	P.O. Box 10335 Des Moines, IA. 50306

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Sevoff's Pizzeria	Sevoff's Party & Event	
ADDRESS OF BUSINESS ENTITY	3455 W. Harts RD Sunrise	4200 N.W. 115 Ave Sunrise	
PRINCIPAL BUSINESS ACTIVITY	Restaurant	Catering	
POSITION HELD WITH ENTITY	Pres.	Pres.	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	Proprietor	Proprietor	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

6/4/12

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 filing.

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

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 Boulevard, 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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

CITY CLERK
CITY OF SUNRISE

12 JUN -4 PM 3:41

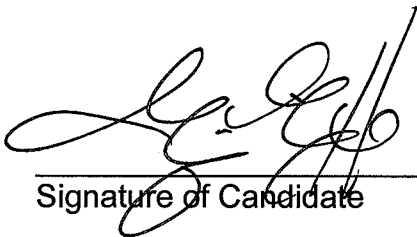


LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on November 6, 2012 will take place at the date and location listed below.

October 17, 2012 at 10:00 a.m.

VOTING EQUIPMENT CENTER
1501 NW 40 AVENUE
LAUDERHILL, FL
(954) 712-1903



Signature of Candidate

6/4/12

Date

CITY CLERK
CITY OF SUNRISE

12 JUN -4 PM 3:41



RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

Joseph A. Scotto

Print Name

Joseph A. Scotto

Signature

6/4/12

Date

**Broward County
Statement of Ethical Campaign Practices**

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 4th of June, 2012

WITNESSES:

Meryl Huel
Dennis Brown

BY CANDIDATE:

Signature

(Print Name)

Joseph A. Sciffo
Joseph A. Sciffo

STATE OF FLORIDA)

) SS.

COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 4th day of June, 2012, by Joseph A. Sciffo who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 4th day of June, 2012.

(NOTARY SEAL)

(Signature of person taking acknowledgment)

(Name of officer taking acknowledgment typed, printed, or stamped)

My commission expires:

NOTARY PUBLIC-STATE OF FLORIDA
Felicia Bravo
Commission # DD848366
Expires: FEB. 11, 2013
BONDED THRU ATLANTIC BONDING CO., INC.