

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

OFFICE USE ONLY

08 OCT - 11:58  
CITY CLERK  
CITY OF SUNRISE

(1) LOUIS CARAVELLA  
Name

(2) 2700 SUNRISE LAKES DR. W  
Address (number and street)

SUNRISE FL. 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER SUNRISE

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 7 / 01 / 08 To 9 / 30 / 08 Report Type Q3-EC

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

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

\$ 1100.00

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

\$ - 0 -

**(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) DFANA ZANBENARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambenardi  
Signature

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

(Type name) LOU CARAVELLA

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

**X** Lou Caravella  
Signature

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

(1) Name LOUIS CARAVELLA

(2) I.D. Number 062 28 1362

(3) Cover Period 7 101 08 through 9 130 08

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if ✓contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/22/08	ROGERS, JOHN 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL. 33067	City Commis.			100.00
1					
9/22/08	SMITH, WATSON PARKER, INS. 2590 HOLLYWOOD BLVD. HOLLYWOOD, FL. 33020	City Commis.			500.00
2					
9/16/08	CARAVELLA, LOUIS 2700 SUNRISE LAKES DR.W SUNRISE, FL. 33322	City Commis.			500.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					

08 OCT - 1 AM 11:56  
 CITY CLERK  
 CITY OF SUNRISE

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

OFFICE USE ONLY

CITY CLERK  
CITY OF SUNRISE  
08 OCT - 9 PM 11:26

(1) LOUIS CARAVELLA  
Name  
(2) 5700 SUNRISE LAKES DR W  
Address (number and street)  
SUNRISE, FL 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): SUNRISE CITY COMMISSIONER GRP A
- 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 7 1 0 1 1 0 8 To 9 1 3 0 1 0 8 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

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

\$ 1100.00

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

\$ \_\_\_\_\_

**(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) DIANA ZAMBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Diana Zambernardi  
Signature

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

(Type name) LOUIS CARAVELLA

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

X Louis Caravello  
Signature

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

(1) Name LOUIS CARVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 101 108 through 9 130 108 (4) Page 1 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
(6) Sequence Number							
9, 22, 08	ROGERS, JOHN 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL 33067	B	ARMY	CHE		ADD	100.00
1							
9 12 108	SMITH, WATSON, PARKER, INS 2590 HOLLYWOOD BVD. HOLLYWOOD, FL 33020	B	INSURANCE CO	CHE		ADD	500.00
2							
9 12 21 08	CARVELLA, LOUIS 2700 SUNRISE LAKES DR W. SUNRISE, FL 33322	I	Retired	CHE		ADD	500.00
3							
1 1							
1 1							
1 1							
1 1							
1 1							

CITY CLERK  
CITY OF SUNRISE  
08 OCT -9 PM 1:26

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

(1) Name Louis CARAVELLA

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

(3) Cover Period 7/01/08 through 9/30/08

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/22/08	ROGERS, JOHN 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL 33067	City Comm.		DEL	100. <sup>00</sup>
1					
9/22/08	SMITH, WYSON, PARKER INS 2590 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	City Comm.		DEL	500. <sup>00</sup>
2					
9/16/08	LOUIS CARAVELLA 2700 SUNRISE LAKES DR. W SUNRISE FL 33322	City Comm.		DEL	500. <sup>00</sup>
3					
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08 OCT -9 PM 11:26  
CITY CLERK  
CITY OF SUNRISE