

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

CITY OF SUNRISE
OFFICE USE ONLY
09 JUL 10 PM 5:01

(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 A.D.
- 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 4 1 30 09 To 6 1 30 09 Report Type QR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$

Loans \$

Total Monetary \$

In-Kind \$

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$

Transfers to Office Account \$

Total Monetary \$

(8) Other Distributions

\$

(9) TOTAL Monetary Contributions To Date

\$ 5728.99

(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 ZAMBELWARDI

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Diana Zambelwardi
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 Caravella
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Louis CORNELLA (2) I.D. Number _____

(3) Cover Period 4 1 0 0 1 0 9 through 6 1 0 0 1 0 9 (4) Page 2 of 2

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
/ /							
	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							

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CITY CLERK
CITY OF SUNRISE