

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

(1) Louis Carnvella
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: _____

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
09 JUL 17 PM 12:49

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

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 4 1 1 09 To 6 30 109 Report Type Amended

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

\$ 5840.00

(10) TOTAL Monetary Expenditures To Date

\$ 711.01

(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 Zamboanardi

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Diana Zamboanardi
Signature

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

(Type name)

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

X Lou Carnvella
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Louis Caravella

(2) I.D. Number _____

(3) Cover Period 4, 1, 09 through 6, 30, 09

(4) Page 2 of 3

(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					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Louis Cannavella

(2) I.D. Number _____

(3) Cover Period 4/1/09 through 6/30/09

(4) Page 3 of 3

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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