

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

(1) LOUIS CARAVELLA
Name

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

SUNRISE, FL. 33322
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

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 10 1 01 109 To 12 31 109 Report Type Q4

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 \$ -

09 DEC 31 AM 11:28
CITY CLERK
CITY OF SUNRISE

(8) Other Distributions \$ -

(9) TOTAL Monetary Contributions To Date

\$ 5850.00

(10) TOTAL Monetary Expenditures To Date

\$ 111.01

(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.

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

(Type name) DIANA ZAMBERNARDI

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Diana Zambenardi
Signature

X Louis Caravella
Signature