

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

(1) LOU 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): Commissioner C

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

CITY CLERK
CITY OF SUNRISE
10 SEP 30 AM 11:36

(5) REPORT IDENTIFIERS

Cover Period: From 9/11/10 To 9/24/10 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 66.25

Transfers to Office Account \$ _____

Total Monetary \$ 66.25

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 11340.00

(10) TOTAL Monetary Expenditures To Date

\$ 4022.22

(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) LOU CARAVELLA

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

X Lou Caravella
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LOU CARAVELLA (2) I.D. Number _____

(3) Cover Period 9 1 11 110 through 9 124 110 (4) Page 1 of 1

(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	Type	Description		Amount
9 1 17 110	FRANCES LINGUIST 9656 MAJESTIC WAY BOYNTON BEACH, FL 33437	I	RET.	CK			25.00
1							
9 1 17 110	ANTHONY R DiSalvio 10-01 125 ST College Point, N.Y. 11356	I	RET	CK			25.00
2							
9 1 19 110	LOUIS N. NATALIE GUARA 6010 1828 MAYFLOWER AVE BRONX, N.Y. 10461	I	RET	CK			100.00
3							
1 1							
1 1							
1 1							
1 1							

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 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lou Caravella

(2) I.D. Number _____

(3) Cover Period 9/1/10 through 9/24/10

(4) Page 1 of _____

(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
9/15/10	JOSIE CARAVELLA 2700 SUNRISE LAKES DR W SUNRISE FL. 33329	STAMPS, STATIONERY	MON		66.25
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 CITY OF SUNRISE
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