

**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

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
10 OCT 14 AM 10:40

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): COMMISSIONER "C"
 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 9 124 10 To 10 18 10 Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 40.00
 Loans \$ _____
 Total Monetary \$ 40.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 11380.00

(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 24 110 through 10 1 08 110 (4) Page 1 of _____

(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 24 110	WILLIAM C. SIKORYK TRUSTEE 21 BRENTON PL STATEN ISLAND N.Y. 10314	I	RET	CK			15.00
1							
10 1 01 110	JOSEPH MARTINO 70 38 ST ISLIP, N.Y. 11751	I	RET	CK			25.00
2							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

10 OCT 11 AM 10:40
 CITY CLERK
 CITY OF SUNRISE