

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

(1) Low Caravella
Name
(2) 2700 Sunrise Lakes Dr W
Address (number and street)
SUNRISE FL 33322
City, State, Zip Code

OFFICE USE ONLY

10 OCT 5 PM 1:24
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(4) Check appropriate box(es):
 Candidate (office sought): Comm. "C"
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 9 1 11 10 To 9 12 4 10 Report Type Amended
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 165.00
 Loans \$ _____
 Total Monetary \$ 165.00
 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
 \$ 11355.00

(10) TOTAL Monetary Expenditures To Date
 \$ 4022.20

(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) David Zankovard
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X David Zankovard
Signature

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

(Type name) Low Caravella
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Low Caravella
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lou Carnovella

(2) I.D. Number _____

(3) Cover Period 9 11 10 through 9 12 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
9 11 10 1	FRANCIS LINGUIST 956 MAJESTIC WAY BOYNTON BEACH, FL 33437	I	RET	CK		A	25.00
9 11 10 2	Anthony R. DiSanto 10-01125 St College Point, N.Y. 11356	I	RET	CK		A	25.00
9 11 10 3	LEON & NATHALIE QUARASCIO 1828 MAYFLOWER AVE BRONX N.Y. 10461	I	RET	CK		A	100.00
9 12 10 4	Wm. C. Sikorayk TRUSTEE 21 BRENTON PL STATEN IS, NY 10314	I	RET	CK		A	15.00
1 1							
1 1							
1 1							
1 1							

10 OCT 15 PM 1:24
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LOW CARAVELLA

(2) I.D. Number _____

(3) Cover Period 9, 11, 10 through 9, 24, 10

(4) Page _____ 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
(6) Sequence Number					
9/11/10	Josie Caravella 2700 Sunrise Lakes Dr W Sunrise FL 33322	Stamps, Stationery	Mon	A	66.25
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 CITY OF SUNRISE
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