

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE

16 JAN -6 PM 1:21

Name <i>Lawrence Sofield</i>		Office to Which Elected <i>Commission Group D</i>	
Address <i>6601 NW 27 St</i>	City <i>Sunrise</i>	State <i>Fl.</i>	Zip Code <i>33313</i>
Name of Bank <i>BB & T</i>			
Address <i>3401 NW 88 Ave</i>	City <i>Sunrise</i>	State <i>Fl</i>	Zip Code <i>33351</i>

This report contains 1 pages of Deposits and Disbursements, upon which I have written my initials covering the period of October 1, 2015 through December 31, 2015.

Balance on hand at beginning of reporting period	\$ <u>2615.-</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>2615 -</u>
Balance on hand at end of reporting period	\$ <u>0</u>

I, Lawrence Sofield, certify that this report is complete, true and correct.

X


Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
12-16-15	Kiwanis Club	Donation to Scholarship Fund	1000-	
12-16-15	Kiwanis Club Christmas in July	Donation	500-	
11-12-15	Team of Life	Donation	1115-	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
LS.			2615	0

CITY CLERK
 CITY OF SUNRISE
 16 JAN -6 PM 1:21

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

15 OCT -7 PM 1:08

CITY CLERK
CITY OF SUNRISE

Name <i>Lawrence Sofield</i>		Office to Which Elected <i>Commission Group D</i>	
Address <i>6601 NW 27 St</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33313</i>
Name of Bank <i>BBFT</i>			
Address <i>3401 NW 88 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33351</i>

This report contains 0 pages of Deposits and

Disbursements, upon which I have written my initials covering the period of

July 1 2015 through Sept 30, 2015.

Balance on hand at beginning of reporting period	\$ <u>2615⁰⁰</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>0</u>
Balance on hand at end of reporting period	\$ <u>2615⁰⁰</u>

I, Lawrence Sofield, certify that this report is complete, true and correct.

X


Signature of Elected Official

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

CITY CLERK
OFFICE USE ONLY
CITY OF SUNRISE

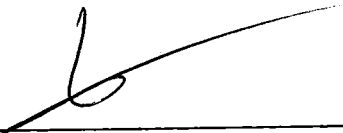
15 JUL -1 PM 2:50

Name <i>Lawrence Sofield</i>		Office to Which Elected <i>Commission Group D</i>	
Address <i>6601 NW 27 St.</i>	City <i>Sunrise</i>	State <i>Fl.</i>	Zip Code <i>33313</i>
Name of Bank <i>BB & T</i>			
Address <i>3401 NW 88 Ave</i>	City <i>Sunrise</i>	State <i>Fl.</i>	Zip Code <i>33351</i>

This report contains 1 pages of Deposits and Disbursements, upon which I have written my initials covering the period of April 1, 2015 through June 30, 2015.

Balance on hand at beginning of reporting period	\$ <u>2680-</u>
Deposits during reporting period	\$ <u>0-</u>
Disbursements during reporting period	\$ <u>65-</u>
Balance on hand at end of reporting period	\$ <u>2615 ⁰⁰/₁₀₀</u>

I, Lawrence Sofield, certify that this report is complete, true and correct.

X 
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
4-16-15	1 st Baptist Church of Sunrise 6401 Sunset Strip Sunrise 33313	Sponsor	65 ⁰⁰	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
CS			65 ⁰⁰	

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE

15 APR -9 PM 1:01

Name <i>Lawrence Sofield</i>		Office to Which Elected <i>Commission Group D</i>	
Address <i>6601 NW 27 St</i>	City <i>SUNRISE</i>	State <i>FL</i>	Zip Code <i>33313</i>
Name of Bank <i>BB&T</i>			
Address <i>3401 NW 88 Ave</i>	City <i>SUNRISE</i>	State <i>FLA</i>	Zip Code <i>33351</i>

This report contains 1 pages of Deposits and Disbursements, upon which I have written my initials covering the period of Jan -1, 2015 through Mar 31, 2015.

Balance on hand at beginning of reporting period	\$ <u>3290-</u>
Deposits during reporting period	\$ <u>0-</u>
Disbursements during reporting period	\$ <u>610.-</u>
Balance on hand at end of reporting period	\$ <u>2680.-</u>

I, Lawrence Sofield, certify that this report is complete, true and correct.

X



Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
1-16-15	Caribbean Cultural Coalition	Sponsor	500-	
3-25-15	West Broward Democratic Club	1 - Year Sponsor - Ad	110-	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
L-S.			610-	

CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY

15 JAN -7 PM 1:58

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)


(PLEASE TYPE)

Name <i>Lawrence Sofield</i>		Office to Which Elected <i>Commission Rep. D.</i>	
Address <i>6601 NW 27 St</i>	City <i>SUNRISE</i>	State <i>FL.</i>	Zip Code <i>33313</i>
Name of Bank <i>BB & T</i>			
Address <i>3401 NW 88 Ave</i>	City <i>SUNRISE</i>	State <i>FL.</i>	Zip Code <i>33357</i>

This report contains 1 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 10-1-14 through 12-31-14.

Balance on hand at beginning of reporting period	\$ <u>4100.-</u>
Deposits during reporting period	\$ <u>0.-</u>
Disbursements during reporting period	\$ <u>810.-</u>
Balance on hand at end of reporting period	\$ <u>3290.-</u>

I, Lawrence Sofield, certify that this report is complete, true and correct.

X 

 Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
10-7-14	Phase 4 Social Club	Sponsorship	250.-	
11-11-14	Phase 4 Social Club	Book Adv.	60.-	
12-18-14	Team of Life	Donation	500.-	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
C-S,			810.-	—

OFFICE ACCOUNT REPORT
(Section 106.141, F.S.)

(PLEASE TYPE)

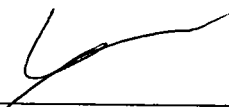
CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY
14 OCT -9 PM 2:05

Name <i>Lawrence A. Sofield</i>		Office to Which Elected <i>Commission Grp D</i>	
Address <i>-6601 NW 27 St</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33313</i>
Name of Bank <i>BB + T</i>			
Address <i>3401 NW 88 Ave</i>	City <i>Sunrise</i>	State <i>FL</i>	Zip Code <i>33351</i>

This report contains 1 pages of Deposits and Disbursements, upon which I have written my initials covering the period of September 16, 2014 through September 30 2014

Balance on hand at beginning of reporting period	\$ <u>0</u>
Deposits during reporting period	\$ <u>4100</u>
Disbursements during reporting period	\$ <u>0</u>
Balance on hand at end of reporting period	\$ <u>4100</u>

I, Lawrence A. Sofield, certify that this report is complete, true and correct.

X 
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
9/16/14	Lawrence A. Safiedel Campaign 6601 NW 27th Sunrise, FL 33313	Transfer to office Act.		400
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
CS			0	400

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
 Name

(2) 6601 NW 27 St
 Address (number and street)

SUNRISE, FL 33313
 City, State, Zip Code

OFFICE USE ONLY

14 SEP 17 AM 10:29
 CITY CLERK
 CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group A

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06/01/2014 To 09/18/2014 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 500. 00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 14,616. 61

Transfers to Office Account \$ _____, 4100. 00

Total Monetary \$ _____, 18,716. 61

(8) Other Distributions

\$ _____, _____, _____, 0

(9) TOTAL Monetary Contributions To Date

\$ _____, 19,011. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 19,011. 00

(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) Katherine Sofield

Individual (only for IE or electioneering comm) Treasurer Deputy Treasurer

X [Signature]
 Signature

(Type name) Lawrence "Larry" Sofield

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number

(3) Cover Period 06/01/14 through 09/18/14 (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	Type	Occupation	Type	Description	Amendment	Amount
6/10/14	Sawgrass Bus. Center PO Box 83-2142 Delray Beach 33483	B	Property Mgt.	Chk			\$500.-
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CITY CLERK
 CITY OF SUNRISE
 14 SEP 17 AM 10:29

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____
 (3) Cover Period 06/01/14 through 09/18/14 (4) Page 1 of 2

(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
6/16/14 001	City of Sunrise 10770 W. Oak Pk Blvd. Sunrise FL 33351	Qualifying Fee	MON		2384.25
7/1/14	Larry & Kathy Sofield 6601 NW 27 St Sunrise FL 33313	Repayment of loan	MON		2000.-
7/8/14	Christmas in July Kiwans Club #217-F 6299 W Sunrise Blvd. Sunrise FL 33313	Contribution to Non Profit org.	MON		1000.-
7/8/14	Kiwans of Greater Sunrise #217-F 6299 W. Sunrise Blvd. Sunrise FL 33313	Contribution to Non Profit org	MON		1000.-
7/8/14	Event Co 442 Poinciana Dr. Hallandale, FL 33009	Consulting Services	MON		1000.-
7/12/14	Team of Life 2136 NW 8 St Ft Lauderdale, FL 33311	Contribution to Non Profit org	MON		1000.-
7/16/14	Area Wide Council on Aging of Broward Co. 5300 Hiatus Rd Sunrise, FL 33351	Contribution to Non Profit org	MON		2000.-
7/19/14	International Street Outreach 10149 Oak Meadow Ln. Lake Worth, FL 33449	Contribution to Non Profit org	MON		1000.-

CITY OF SUNRISE
 100% SEP 17 AM 10:29

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____
 (3) Cover Period 06/01/14 through 09/18/14 (4) Page 2 of 2

(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
7/21/14	Cooperative Feeding Program 1 NW 33 Terrace Ft Lauderdale, FL 33311	Contribution to non profit org	MON		1000.-
7/28/14	Joe Dimaggio Children's Hospital Foundation 3711 Garfield St Hollywood, FL 33021	Contribution to non profit	MON		1000.-
8/20/14	West Broward Democratic Club 13150 NW 11 St Sunrise, FL 33323	Democratic Club	MON		232.36
9/16/14	Undercover Angels 12717 W Sunrise Blvd Suite 229 Sunrise, FL 33323	Contribution to non profit org	MON		1000.-
9/16/14	Commissioner Lawrence Sofield - Office Account 6601 NW 27 St Sunrise Fl. 33313	Transfer to office Account	TOA		4100.-
11					
11					
11					

CITY CLERK
CITY OF SUNRISE
14 SEP 17 AM 10:29

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
 Name
6601 NW 27 Street
 Address (number and street)
Sunrise, FL 33313
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 CITY OF SUNRISE
 14 JUN -9 AM 9:31

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commission Group D

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 2014 To 05 / 31 / 2014 Report Type: M05

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 240 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 18651,00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 294,39

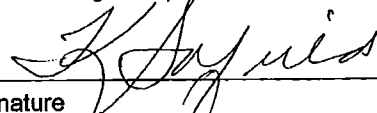
(11) Certification

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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 05 / 01 / 2014 through 05 / 31 / 2014 (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							
05 / 01 / 2014 1	Campaign Tool Box	B	Software	REF			140
05 / 29 / 2014 2	Neil & Laurie Levinson 2820 Oakbrook Lane Weston, FL 33332	I	School Board	Che			100

14 JUN -9 AM 9:31
 CITY CLERK
 CITY OF SUNRISE

**CITY CLERK
CITY OF SUNRISE
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Lawrence "Larry" Sofield
Name
6601 NW 27 Street
Address (number and street)
Sunrise, FL 33313
City, State, Zip Code

OFFICE USE ONLY
14 MAY -8 PM 3:34

**CITY CLERK
CITY OF SUNRISE
14 MAY -8 PM 3:35**

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commission Group D

- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 2014 To 04 / 30 / 2014 Report Type: M04

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 6,750 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions
\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date
\$ _____, _____, 18551,00

(10) TOTAL Monetary Expenditures To Date
\$ _____, _____, 434,39

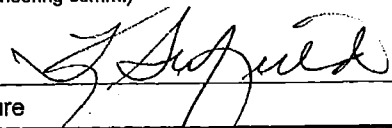
(11) Certification


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) Katherine Sofield
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Lawrence Sofield
 Candidate Chairperson (only for PC and PTY)

X 
Signature

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2014 through 04 / 30 / 2014 (4) Page 1 of 2

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
04 / 29 / 2014	1	Dynamic Seminars & Consulting 2955 NW 126 Ave #307 Sunrise, Fl 33323	I	Consulting	Che			100
04 / 29 / 2014	2	Earl and Jane Morrall 2850 N Andrews Ave Fort Lauderdale, Fl 33311	I	Retired	Che			250
04 / 29 / 2014	3	Matthew Morrall 2850 N Andrews Ave Fort Lauderdale, Fl 33311	I	Attorney	Che			500
04 / 29 / 2014	4	City Furniture 6701 N Hiatus Rd Tamarac, Fl 33321	B	Furnishings	Che			200
04 / 29 / 2014	5	Westway Towing 3681 W Oakland Pk Blvd Lauderdale Lakes, Fl 33311	B	Towing Co	Che			500
04 / 29 / 2014	6	Calvin Giordano & Associates 1800 Eller Drive #600 Fort Lauderdale, Fl 33316	B	Engineer	Che			500
04 / 29 / 2014	7	Ronald Book PA 18851 NE 29 Ave Ste 1010 Aventura, Fl 33180	B	Attorney	Che			1000

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

14 MAY - 8 PM 3:34
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2014 through 04 / 30 / 2014 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
04 / 29 / 2014 8	Republic Services of Florida, Inc 8619 Western Way Jacksonville, FL 32256	B	Solid Waste	B			1000
04 / 29 / 2014 9	Envirocycle, Inc 849 SW 21 Terr Fort Lauderdale, FL 33312	B	Recycle Txfr	B			1000
04 / 29 / 2014 10	Johnson Environmental Services 4700 Powerline Rd Fort Lauderdale, FL 3330	B	Environmental	B			1000
04 / 29 / 2014 11	Norman & Sue Brun 1308 Mango Isle Fort Lauderdale, FL 33315	I	Clothing Des	I			200
04 / 29 / 2014 12	Stiles Corporation 301 E Las Olas Blvd Fort Lauderdale, FL 33301	B	Construction	B			500
/ /							
/ /							

CITY CLERK
 CITY OF SUNRISE
 14 MAY -8 PM 3:34

**CITY CLERK
CAMPAGN TREASURER'S REPORT SUMMARY SUNRISE**

**OFFICE USE ONLY
14 APR 11 PM 1:18**

(1) Lawrence "Larry" Sofield
Name

(2) 6601 NW 27 Street
Address (number and street)

Sunrise, Fl 33313
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission Group D
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 01 / 2014 To 03 / 31 / 2014 Report Type: M03

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 5961 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 257.15 _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 11,801.00 _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 434.39 _____

(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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 3 / 01 / 2014 through 3 / 31 / 2014 (4) Page 1 of 4

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
03 / 06 / 2014	01	Paul Scoric	B	Real Estate	Che			150
03 / 06 / 2014	02	Jaquelin Rogazione 5951 NW 15 Ct Sunrise, Fl 33313	I	Retired	Che			50
03 / 06 / 2014	03	Robert & Marcia Norris 8957 NW 44 Ct unrise, Fl 33351	I	Retired	Che			100
03 / 06 / 2014	04	Judith Pine 8150 NW 23 St Sunrise, Fl 33322	I	Teacher	Che			100
03 / 06 / 2014	05	Don & Jaqueline Rodriguez 10400 NW 30 Ct #409 Sunrise, Fl 33322	I	Retired	Che			100
03 / 06 / 2014	06	Craig & Lori Glasser 8028 NW 41 Ct Sunrise, Fl 33351	I	Retired	Che			100
03 / 06 / 2014	07	Jose & Franca Jimenez 4730 NW 113 Ave Sunrise, Fla 33323	I	Inspector/La	Che			150

14 APR 11 PM 1:18
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 3 / 01 / 2014 through 3 / 31 / 2014 (4) Page 2 of 4

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
03 / 06 / 2014	08	James Aucamp 216 Tide Ave Tavernier, Fl 33070	I	Landscaper	Che			250
03 / 06 / 2014	09	Mark Douglas 2900 NW 125 Ave Sunrise, Fl 33323	I	Lawyer	Che			200
03 / 06 / 2014	10	Jorjust Consulting 12717 W Sunrise Blvd Sunrise, Fl 33323	B	Insurance Ad	Che			50
03 / 06 / 2014	11	Americana Oak 2720 W Atlantic Blvd Pompano, Fl 33069	B	Real Estate	Che			500
03 / 06 / 2014	1	RSR & Co 8455 W Oakland Park Blvd Sunrise, Fl 33351	B	Accountant	Che			250
03 / 06 / 2014	13	Martin Gold Coast 150 NW 70 Ave Plantation, Fl 33317	B	Advertising	Che			500
03 / 06 / 2014	14	Neighbors Food Mkt 6041 W Sunrise Blvd Sunrise, Fl 33313	B	Food market	Che			250

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

14 APR 11 PM 1:19

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 03 / 01 / 2014 through 03 / 31 / 2014 (4) Page 3 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
03 / 06 / 2014 15	BOULEVARD PROPERTIES 10557 NW 53 ST SUNRISE, FL 33351	B	PROPERTY MGT	CHE			500
03 / 06 / 2014 16	DIAMOND COSMETICS 10551 NW 53 ST SUNRISE, FL 33351	B	BUSINESS OWN	CHE			1000
03 / 15 / 2014 17	Equity Land Title 250 S Austrailian Ave #702 West Palm bch, Fl 33401	B	Title Co	CHE			500
03 / 15 / 2014 18	Harvey & Sheila Soufrine 2541 Nobhill Rd #106 Sunrise, Fl 33322	I	Retired	CHE			36
03 / 15 / 2014 19	Neil & Carmen Kerch 8570 NW 31 Ct Sunrise, Fl 33351	I	Attorney	CHE			50
03 / 15 / 2014 20	Lawrence Chen 1800 Sunset Harbour Dr #2010 Miami Bch, Fl 33139	I	Engineer	CHE			500
03 / 15 / 2014 21	Greenspoon Marder 100 W Cypress Rd #700 Fort Lauderdale, Fl 33309	B	Attorney	CHE			500

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

16 APR 11 PM 1:19
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 03 / 01 / 2014 through 03 / 31 / 2014 (4) Page 4 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
03 / 25 / 2014 22	L. Ralph Rickel PO Box 17413 Plantation, Fl 33318	I	Realtor	CHE			50
03 / 25 / 2014 23	James DePelisi 10640 NW 32 St Sunrise, Fl 33351	I	Business Own	CHE			100

14 APR 11 PM 1:19
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lawrence "Larry" Sofield

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 2014 through 03 / 31 / 2014

(4) Page 1 of 1

(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					
03 / 06 / 2014	Scuottos Pizza & Pasta 3455 N Hiatus Rd Sunrise, FL 33351	Fundraiser Kickoff	MON		257.15
/ /					
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14 APR 11 PM 1:19
CITY OF SUNRISE
CITY CLERK

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield

Name

(2) 6601 NW 27 Street

Address (number and street)

Sunrise, FL 33313

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commission Group D

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
CITY CLERK CITY OF SUNRISE 14 MAR 10 AM 10:18

(5) Report Identifiers

Cover Period: From 02 / 01 2014 To 02 / 28 / 2014 Report Type: M02

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 1640 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 5890 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 177,24 . _____

(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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 2 / 01 / 2014 through 2 / 28 / 2014 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
02 / 12 / 2014	01	Rick Case Honda 15700 Rick Case Honda Way Weston, Fl 33331	B	Auto Dealer	Che			500
02 / 12 / 2014	02	Rick Case Davie 3550 Weston Rd Weston, Fl 33331	B	Auto Dealer	Che			500
02 / 12 / 2014	03	Doumar, Allsworth, Laystrom, Voight, Wachs, Adair & Bosack 1177 SE 3 Ave Ft Laud, Fl 33316-3423	b	Law Office	Che			500
02 / 14 / 2014	04	Campaign Toolbox 2055 Bond Rd Deland, Fl 32720	b	Software Dev	Ref			140

14 MAR 10 AM 10:10
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
 Name

(2) 6601 NW 27 St
 Address (number and street)

SUNRISE, FL. 33313
 City, State, Zip Code

OFFICE USE ONLY

14 FEB -7 PM 1:01

CITY CLERK
CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission Group A
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2014 To 01 / 31 / 2014 Report Type: MOI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 140.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 140.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 4,212.76

(10) TOTAL Monetary Expenditures To Date

\$ _____, 177.24

(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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
 Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____
 (3) Cover Period 01/01/2014 through 01/31/2014 (4) Page 1 of 1

(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
1/7/14	Campaign Tool box 2055 Bond Rd. Deland FL 32720	Software	MON		140 ⁰⁰
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CITY CLERK
 CITY OF SUNRISE
 14 FEB - 7 PM 1:01

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
 Name
 (2) 6601 NW 27 Street
 Address (number and street)
Sunrise, FL 33313
 City, State, Zip Code

OFFICE USE ONLY

14 MAR 10 AM 10:11
 CITY CLERK
 CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission Group D
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2014 To 01 / 31 / 2014 Report Type: M01

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 140 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 4250 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 177,24 . _____

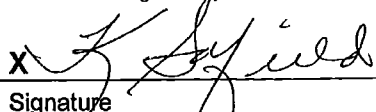
(11) Certification

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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
 Name
 (2) 6601 NW 27 Street
 Address (number and street)
Sunrise, FL 33313
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
14 JAN 10 AM 9:14

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission Group D
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 2013 To 12 / 31 / 2013 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 1000.

Loans \$ _____, _____, 0.

Total Monetary \$ _____, _____, 1000.

In-Kind \$ _____, _____, 0.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.

Transfers to Office Account \$ _____, _____, 0.

Total Monetary \$ _____, _____, 0.

(8) Other Distributions

\$ _____, _____, 0.

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 4212,76

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 37,24

(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) Katherine Sofield
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Lawrence Sofield
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 12 / 03 / 2013 through 12 / 31 / 2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12 / 03 / 2013 05	FOP Sunrise Lodge 80 PO Box 450086 Sunrise, Fl 33345	B	Labor Union	Che			500
12 / 17 / 2013 06	FOP Sunrise Associate Lodge 80a PO Box 450581 Sunrise, Fl 33345	B	Labor Union	Che			500

CITY CLERK
 CITY OF SUNRISE
 14 JAN 10 AM 9:14

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield

Name

(2) 6601 NW 27 Street

Address (number and street)

Sunrise, FL 33313

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

14 MAR 10 AM 10:10

CITY CLERK
CITY OF SUNRISE

(4) Check appropriate box(es):

Candidate Office Sought: Commission Group D

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 2013 To 12 / 31 / 2013 Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 1000 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 1000 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 4250 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 37,24 . _____


(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:

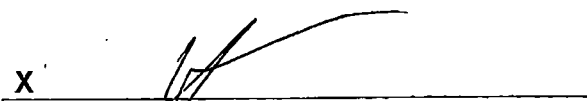
(Type name) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence "Larry" Sofield
Name

(2) 6601 NW 27 St
Address (number and street)

Sunrise, FL 33313
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

13 DEC -9 AM 9:16

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission Group D
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 01 13 To 11 30 13 Report Type: M 11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	_____	.	<u>0</u>
Loans	\$	_____	,	_____	,	_____	.	<u>0</u>
Total Monetary	\$	_____	,	_____	,	_____	.	<u>0</u>
In-Kind	\$	_____	,	_____	,	_____	.	<u>0</u>

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	_____	.	<u>0</u>
Transfers to Office Account	\$	_____	,	_____	,	_____	.	<u>0</u>
Total Monetary	\$	_____	,	_____	,	_____	.	<u>0</u>

(8) Other Distributions

\$ _____, _____, _____, 0

(9) TOTAL Monetary Contributions To Date

\$ 3,250.00 *rel/13*

(10) TOTAL Monetary Expenditures To Date

\$ _____, 37.24

(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) Katherine Sofield

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
Signature

(Type name) Lawrence Sofield

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
Signature

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

(1) Lawrence "Larry" Sofield
Name
(2) 6601 NW 27 St
Address (number and street)
SUNRISE FL 33313
City, State, Zip Code

OFFICE USE ONLY
**CITY CLERK
CITY OF SUNRISE**
13 NOV 12 AM 9:41

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Commission Group D
- 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 10/01/13 To 10/31/13 Report Type M/O

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
\$ 3250⁰⁰

(10) TOTAL Monetary Expenditures To Date
\$ 37²⁴

(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) Katherine Sofield
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

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

X [Signature]
Signature

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

(1) Lawrence "Larry" Safield
Name

(2) 6601 NW 2757
Address (number and street)

Sunrise, FL. 33313
City, State, Zip Code

**OFFICE USE ONLY
CITY OF SUNRISE**

13 OCT 10 PM 12:06

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Commission Group 1

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 7/01/13 To 9/30/13 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 750⁰⁰

Loans \$ _____

Total Monetary \$ 750⁰⁰

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ NONE

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3250⁰⁰

(10) TOTAL Monetary Expenditures To Date

\$ 37²⁴

(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) Katherine Safield

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) Lawrence Safield

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 7/01/13 through 9/30/13 (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	Amendment	Amount
8/15/13	INSITE Martin Outdoor LLC 150 NW 70 Ave Plantation 33317	B	Advertiser	Che			250
03							
1/1	Thomas McDonald 7630 Marblehead Ct Parkland, Fl. 33067	1	Engineer	Che			500
04							
1/1							
1/1							
1/1							
1/1							
1/1							

13 OCT 10 PM 12:06
CITY CLERK
CITY OF SUNRISE

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

<p>(1) <u>Lawrence "Larry" Sofield</u> Name</p> <p>(2) <u>6601 NW 27 St</u> Address (number and street)</p> <p><u>Sunrise, FL 33313</u> City, State, Zip Code</p> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p> <p>(4) Check appropriate box(es): <input checked="" type="checkbox"/> Candidate (office sought): <u>Commission Group D</u> <input type="checkbox"/> Political Committee <input type="checkbox"/> Committee of Continuous Existence <input type="checkbox"/> Party Executive Committee <input type="checkbox"/> Electioneering Communication</p>	<p>OFFICE USE ONLY</p> <p>13 JUL 10 PM 3:31 CITY CLERK CITY OF SUNRISE</p> <p>(3) ID Number: _____</p> <p><input type="checkbox"/> CHECK IF PG HAS DISBANDED <input type="checkbox"/> CHECK IF CCE HAS DISBANDED <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED</p>
---	---

(5) REPORT IDENTIFIERS

Cover Period: From 04/01/13 To 06/30/13 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.-

Loans \$ 2000.-

Total Monetary \$ 2500.-

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 37.24

Transfers to Office Account \$ _____

Total Monetary \$ 37.24

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2500.-

(10) TOTAL Monetary Expenditures To Date

\$ 37.24

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>Katherine Sofield</u></p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X <u>[Signature]</u> Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>Lawrence Sofield</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X <u>[Signature]</u> Signature</p>
--	--

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lawrence "Larry" Sofield (2) I.D. Number _____

(3) Cover Period 04 / 01 / 13 through 06 / 30 / 13 (4) Page 2 of 3

(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	Amendment	Amount
04, 19, 2013 01	Sofield Lawrence 6661 NW 27th Sunrise 33313	I	Business owner	Loan			2000.-
04, 29, 2013 02	Medro Broward Professional Fire Fighters 301 NW 1st Pompano - 33060	B	Employee UNION	Che			500.-
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

13 JUL 10 PM 3:31
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lawrence "Larry" Seifeld

(2) I.D. Number _____

(3) Cover Period 04/01/13 through 06/30/13

(4) Page 3 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					
05/06/13	Checks unlimited PO Box 35370 Colorado Springs, CO 80931	Checking Supplies	MON		15.30
01					
05/07/13	Checks Unlimited PO Box 35370 Colorado Springs, Co 80931	Checking Supplies	MON		21.94
02					
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13 JUL 10 PM 3:31
CITY CLERK
CITY OF SUNRISE

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK
CITY OF SUNRISE

13 APR 16 AM 9:53

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Lawrence A. Sofield

3. Address (include post office box or street, city, state, zip code)

6601 NW 27 St
Sunrise, FL
33313

4. Telephone

(954) 588-1932

5. E-mail address

Larry.Sofield@AOL.com

6. Office sought (include district, circuit, group number)

Commission Group D

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Kathy Sofield

11. Mailing Address

6601 NW 27 St

12. Telephone

(954) 663-6602

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33313

17. E-mail address

Kathy.Sofield@AOL.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

BB&T

20. Address

3401 NW 88 Ave

21. City

Sunrise

22. County

Broward

23. State

FLA

24. Zip Code

33351

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4-15-2013

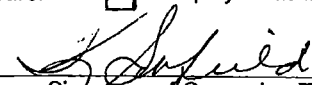
26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Kathy Sofield, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-15-2013 X 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

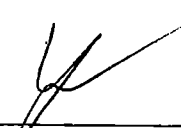
CITY CLERK
CITY OF SUNRISE
13 APR 16 AM 9:53

I, Lawrence A. Sofield,

candidate for the office of Commission Group D

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

4-15-2013

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



CITY CLERK
CITY OF SUNRISE

14 JUN 16 PM 3:48

NOTICE OF CANDIDACY AND AFFIDAVIT

I, Lawrence A. Sofield, do hereby affirm that I am a candidate for the office of Commission Group D, City of Sunrise, m Broward County, Florida, in the General Election to be held on November 4, 2014, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner.

[Signature]
Signature

6-16-2014
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 16th day of June, 2014, by Lawrence Sofield



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

[Signature]
Notary Public

(seal)

Personally Known OR Produced Identification _____
Type of Identification Produced _____

City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

CITY CLERK
CITY OF SUNRISE

14 JUN 16 PM 3:49

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Lawrence "Larry" Sofield
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commission
(office) (district #)

D; I am a qualified elector of Broward County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature] (954) 588-1932 Larry.Sofield@Aul.com
Signature of Candidate Telephone Number Email Address

6601 NW 27 St Sunrise Fl. 33313
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101400956

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
LAHR-uhns LER-ee SO-feeld

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2014.

Personally Known: X or
Produced Identification: _____
Type of Identification Produced: _____



FELICIA BRAVO
MY COMMISSION # EE 845844
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2013

CITY CLERK
CITY OF SUNRISE
FOR OFFICE USE ONLY

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : COUNTY :

Lawrence Sofield 229287

NAME 6601 Nw 27th St

Sunrise FL 33313

NAME Sunrise

14 JUN -9 AM 9:31

14 JUN -9 AM 9:31
CITY CLERK
CITY OF SUNRISE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see Instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of Income to the reporting person - See Instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Real Post, Inc	10295 NW 53 St - 33357	Service

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See Instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See Instructions]

(If you have nothing to report, write "none" or "n/a")

6760 NW 29 Ct - Sunrise 33313

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Quicken Loans	1050 Woodward Ave. Detroit Mich 48226

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):  **DATE SIGNED (required):** 6-8-14

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:
 I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:
 After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:
MULTIPLE FILING UNNECESSARY:
 Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:
 If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.



CITY CLERK
CITY OF SUNRISE


14 JUN 16 PM 3:50

LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on November 4, 2014 will take place at the site and date listed below.

Wednesday, October 15, 2014 at 10:00 a.m.

Supervisor of Elections' Voting Equipment Center
1501 NW 40 Avenue
Lauderhill, Fl
(954)712-1903



Signature of Candidate

6-16-2014
Date



CITY CLERK
CITY OF SUNRISE

14 JUN 16 PM 9:50

RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

Lawrence Sofield

Print Name

[Handwritten Signature]

Signature

6-16-2014

Date

Broward County Statement of Ethical Campaign Practices

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 16th of June, 2014.

WITNESSES:

[Signature]

BY CANDIDATE:

[Signature]

Signature

Lawrence Sofield

(Print Name)

STATE OF FLORIDA)

) SS.

COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 16th day of June, 2014, by Lawrence Sofield who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 16th day of June, 2014

(NOTARY SEAL)

[Signature]
(Signature of person taking acknowledgment)

(Name of officer taking acknowledgment typed, printed, or stamped)

My commission expires:



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

14 JUN 16 PM 3:50

CITY CLERK
CITY OF SUNRISE