OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

		0
OFFICE USE ONLY	17 JAN 10	CITY
) AM 11: 24	SUNRIS
		paying.

			: 24			
Name Joseph Scroffs		Scover	-			
Address 4220 N.W. 115 Ave	city Survise	State H.	Zip Code 33323			
Name of Bank						
Address	City	State	Zip Code			
3401 Mine Island RD.	Sunvise.	FL.	33351			
This report contains2		pages of I	Deposits and			
Disbursements, upon which I have written my initials covering the period of through 12/31/16 Balance on hand at beginning of reporting period. \$ 592-98						
Balance on hand at beginning of reporting	ng period \$_	2/2	10			
Deposits during reporting period	\$_	1100				
Disbursements during reporting period	\$_	75.	00			
Balance on hand at end of reporting period \$ 547.98						
I, Joseph Scut, certify that this repo						
Signature of Elected Official						

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

			1	
DATE	NAME AND ADDRESS	PURPOSE	AMOU	NT
			Disbursement	Deposit
10/23	BBAT 340/ N. Pine Tolad DD Sunvise, Fl-33357	Fee	15	
1123	3401 N-Pime Folind RD	Fee	15	
		Fee	15	
				TY OF SUNRISE
ELECTED	OFFICIAL'S INITIALS		TOTAL -	TOTAL

DS-DE 48A (Rev. 08/03)

CITY OF SUNRIS					
Y OF S					
SE					
UNRIS					
25					
-					
e filed					
P					
37					
82					
-					
Date					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
nd PTY)					

(1) Name (2) I.D. Number (3) Cover Period 6 / / / / 6 through 6 / 3/ / 6 (4) Page ____ of ____ (7)(8)(9)(10)(11)(12)(5)Full Name Date (Last, Suffix, First, Middle) (6)Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Amendment Type Description Occupation Type Amount

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (3) Cover Period (4) Page through (11)(7) (8) (9) (10)(5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)**Expenditure** Street Address & contribution to a Sequence Type Amount City, State, Zip Code candidate) Amendment Number 2870.04 RMB 1240.21 120/16 RMB 271.08 LOAN

CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1) Tosept Scroto	CITYOFFICESUSE ONLS					
(2) Name 4220 N.W. 115 De	16 JUN -8 AM 10: 36					
Address (number and street) Survise FL. 33323						
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
Candidate Office Sought: COMMISSIONW COOPB Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications)						
Cover Period: From 5 / 1 / 16 To	Identifiers 5 / 3 / /6 Report Type: MS ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, _/00 . 00	Monetary Expenditures \$, 794 . 95					
Loans \$,, <u>O</u>	Transfers to Office Account \$, , .					
Total Monetary \$	Total Monetary \$, , , 794. 95					
In-Kind \$						
	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date \$,9, 3/5. 25	(10) TOTAL Monetary Expenditures To Date \$,5, 065. /5					
(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, con	rect, and complete:					
(Type name) Christina Scuotto Individual (only for IE Treasurer Deputy Treasurer	(Type name) JOSPH Scutto Candidate Chairperson (only for PC and PTY)					
or electioneering comm.)	x Selfe					
Signature	Signature					

(1) Name	Joseph Sc	vot	0	(2)	I.D. Number		
(3) Cover Period 5 / 1 / 16 through 5 / 3/ 16 (4) Page of							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
5, 16	Walter Brown 1617 N.W. 102WA Coral Springs, FL 33071	7	Self Explorety	cHe			/00.00
1 1							
						16	CTC
1 1						16 JUN -8 A	OF SU
1 1						100	NRISE NRISE
./ /							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	Sept Scuotto) EXPENDIT 2) I.D. Number		
(3) Cover Period	5/1/16 through 5/	31,16	4) Page	of_	
(5) Date (6) Sequence Number	(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)	(11)
5/2/16	Best Buy 12301 w. Sourise Alvo. Suurise, FL. 33323	Tower Computers Screen			646.57
5/2/16	Best Buy 12301 W. Survise BIVD. SUNVISE, FL. 33323	Brogram			148.38
/ /				10	CITY
//				our c	TY CLERK OF SUNRISE
//					RISE 136
//					
//					
//					

CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1) Joseph Scrotto	OFFICE USE ONLY					
(2) Name 4220 N.W. 115 Ave	16 T C					
Address (number and street) SUNVISE, FL. 33323	MAY OF					
City, State, Zip Code	0 00					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought:						
	Identifiers					
	4 1 30 1 16 Report Type: 44					
Original Amendment Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,	Monetary Expenditures \$, ,					
Loans \$,,	Transfers to Office Account \$, ,					
Total Monetary \$	Total Monetary \$, ,					
In-Kind \$						
	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(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, corr	rect, and complete:					
(Type name) Christia Scuott	(Type name) Joseph Scrotto Candidate Chairperson (only for PC and PTY)					
or efectioned in comm.)	x SS					
Signature	Signature					

CAMPAIGNTREASURE	R'S REPORT SUMMARY
(1) Joseph Scrotto	OFFICE USE ONLY
(2) Name 220 N.W. 115 Ave	
Address (number and street)	16
SUNVISE Y L. 33343 City, State, Zip Code	APR OF
Check here if address has changed	(3) ID Number:
(4) Check appropriate boy(so):	R CE
	SSIONE Group B = RR
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Report	Identifiers
Cover Period: From 3 / 1 / 16 To	3 / 3/ / 16 Report Type: <u>43</u>
☑ Original ☐ Amendment ☐ Spe	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 5, 3, 2. 5.00	Monetary Expenditures \$, 2,611.58
Loans \$,,	Transfers to Office Account \$, , .
Total Monetary \$	
	Total Monetary \$,,,
In-Kind \$, ,	(8) Other Distributions
	\$,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$	\$, 4,270.20
(11) Cert	
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	Tought South
(Type name) Christina S CUO+to ☐ Individual (only for IE Treasurer, ☐ Deputy Treasurer	(Type name) Chairperson (only for PC and PTY)
or electioneering comm.)	0.90 B
xhow No	x
Signature DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS

(1) Name	Joseph	Scrot	0	(2)	I.D. Number	
(3) Cover Po	eriod $\frac{3}{2}$	1,16	through 3	, 31, 16	(4) Page	of

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
3,28,16	MARC A. DOUGHAS 2920 PADDOCK RD. Fort Lawb, FC. 33331	etle B	B				500.00
3,29,16	Blue Jean Holding 2645 Executive ANDr. Weston, FL, 33331	ctle	В				100.00
3,29,16	Joth M. Millebge 200 SW. 15 True S-800 Fr. LALDS. FL. 33301	de	В				500.00
3,29,16	william Defalo 9300 N.w. 34 et Survise, Fl. 33351	He	B				500.00
3,29,16	CRAIZ FOID Stein 7204 MANDAVIN Pr. BEA Raton FL.	etle	В				500.00
3,29,16	Westway Towing 3681 W. OAVLIND PK. LANSENDALE LING, FL BIND. 33311		B				500.00
3,29,16	Golf Figer 3801 A. Unanty Dr. Surrise, FL. 33351	cte	B	, , , , , UW	8- N'IA 01		250.00
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR	INSTRUCTIONS	AND CODE VA	LUES	

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY OF SUNRISE



(1) Name _	Joseph	Swoto	(2) I.D. Number
(3) Cover Pe	eriod 3 / [, 16 through	3 , 3 , 16 (4) Page of

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	MATER E. Molesy	He		турс	Description		500.00
3,26,16	Frank CAGAN 1252 NW. 168 AVE PERSONNE PINES, FL. 35028	He	I				100.00
3,30,16	JOANNE H. STANLEY 4301 PENAISSANGE WAY BOYNTON BENETH, FL. 33426	effe	I				/00.00
3,29,16	Caral Somme the		T				25.00
(12-)	Stelly Spiral + Assoutes 834 - Jothson St. Hollyands 186.	effe	B				200.0
3,29,66	FLORIDA COM SUMM 6365 N.W. 6 MWAY FE. CAND. PL. 35309	He	В				250 .00
3,29,16	Vittor J. Pusads 1722 confycius Prabo caral Gables, FL. 33134	cte	ß	/ / - ! ! ! !	. O_ VIN OI		200.00

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CILA OE SONBISE CHLA CFEBK



(1) Name	Joseph Savá	10		(2)	I.D. Number		
(3) Cover Period	3,1,16	throu	gh	31,16	(4) Page	(of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	RUNIN & 60/DMAN 825 S.E. 6" St. FT. CAND. P.L. 33301	effé	ß				100.00
3,23,16	Between Environmental Services 4700 Poweline RD. FT. LAW. PL. 33309	cte	В				500.**
3,29,16	Pavzarella WASTE of Reagung Serves USSI Wester RV. #314 Vester PC. 33331	cte	B				500.00
1 1							0
1 1							16 APR -8 AMII: 17
1 1							ERK UNRISE MII: 17
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN/TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number (1) Name through 3 , 31 , 16 (3) Cover Period (4) Page of (7)(8) (9) (10)(11)(5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)**Expenditure** Street Address & contribution to a Sequence **Type** City, State, Zip Code candidate) Amendment Amount Number Joseph Sentlo
4220 N.W. 115 ANP
SUNNISE, FL. 37323

Joseph Sentlo
4220 N.W. 115 ANP
SUNNISE, FL. 37323

CAMPANISM
(ROYALPIS)

CAMPANISM
(ROYALPIS)

RMB

CAMPANISM
(ROYALPIS)

RMB

SUNNISE, FL. 37323

KICK-OFF
(RATY
SUNNISE, FL. 37323)

SUNNISE, FL. 37323

CHIB 971.33 400.00 1240.25

CAMPAIGN TREASURE	R'S REPORT SUMMARYERK
Name (2)	(3) ID Number: 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
Cover Period: From 211116 To	Identifiers 2 / 29 / 16 Report Type: M2
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,/, 300 . 60	Monetary Expenditures \$,/, _019.05
Loans \$,/, <u>240</u> . <u>25</u>	Transfers to Office Account \$, ,
Total Monetary \$, 2,540.25	Total Monetary \$,
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$,3, 890.25	(10) TOTAL Monetary Expenditures To Date
	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for Pd and PTY) X Signature

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2,25,16	JAMES TABEEK 4424 99 Yerr. Sunrise, FL. 3335 (Retirent Circlister	He			100.00
2,25,16	city of Sunise For Lodge 80-A Assac. Inc. P.U. Box 450581 Sunise, FL. 33345	ע	Union	He			500.00
2,25,16	IRWIN + Rita Harlen 133 40 NW. 11 ⁵³ CANE SUNVI'SE, FL. 33323	エ	Ref. Puts Cumissioner	de			200.00
2,16,16	Survise Lobge No. 80 P.O. Box 450086 SUNVISE, FL. 33345	B	DWGN	clle			500:00
2,25,16	Joseph Scutto 4220. NW 115AME SUNDSE, FL 33323			LOAN	LOAN		1,090.25
2,25,16	Joseth Southo 4220 N.W: 115 Are SUNVISE, M. 33323			Copy	LOAN		150.00
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES RK

16 through 2,29,16 (4) Pas MAR -7 PM 48 34

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/25/16	(Party City) Allison Liotti 4220 N.W. 115 Ave SUNVISE, FC. 33323	Party Misc	RMB		90.79
2 /25/16	(PANY city) Allison Liotti 4220 N.W.115 AVE SUNVISE, PL. 33323	Party Mise	RMB		31.73
2/25/16	(Party city) Ollison Ciotti 4220 N.W. 115 Ave SUNrise, Fl. 32323	party Mise	RUB		105.36
2/25/16	(Abblix) Allison Liotti 4220 N.w. 115 Auc SUNrise, Pl. 33323	Cake	RUB		51.99
2/25/16	(OFFICE MAX) Allison Liotti 4270 N.W. 115 AVE SUNVISE (FL 33323	CHEBS	RMO		27.55
2/25/16	(OFFICE MAN) AULISON LINHI 4220 N.W. 115AVE SUNVISE, PC, 35323	Ratges	RUB		40.26
2/17/16	Pinnacle Pronotions 4855 PeacHTree Inhatrial Blvd. Surte 235 Norcross, GA: 30092	Alugs Pens	CAM		374.09
3/18/16	Rinnacle Promitions 4855 Peachtree Fundrid Blub. suite 235 Novcross, GA. 30092	Mugs	САМ		297.28

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Joseph Scroffs	OFFICE USE ONLY
Name 4220 N.W. 115 4ve Address (number and street)	'16 FEB 1 FM]
SUNNISE, FC. 33323 City, State, Zip Code	Office of the City Clerk City of Sunrise 10770 West Oakland Park Blyo
Check here if address has changed	(3) ID NumberSurise, Florida 33351-6899
Candidate Office Sought: Commitses of the 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
	Identifiers
Cover Period: From/ // // To	/ / 3/ / /6 Report Type: // 01
☑ Original ☐ Amendment ☐ Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,	Monetary Expenditures \$,, 639.51
Loans \$,, <u>/06</u> · <u>oo</u>	Transfers to Office Account \$, , .
Total Monetary \$,/, 350 . 00	Total Monetary \$
In-Kind \$,	
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date
	tification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corn	rect, and complete:
(Type name) Christina Swotto ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) J654H Scusfo ☐ Candidate ☐ Chairperson (only for PC and PTY)
x Chuku Ita	x AS
Signature	Signature ()

1) Name	Joseph Swotto		2) I.D. Number		
3) Cover Perio	d / _ / _ / _ / _ through / _ /	31,16	l) Page/	of	
(5) Date (6) Sequence Number	(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)	(11) Amount
()	HANTLAND CLARKE 159 35 LACANTERA PARKEY SAN ANDRIO, VX 78256	Craipings Checks	CAN		42.14
2	Juseph Southor 4220 N.W. 115 Ne SUNISE, FL 33723	Postgarvs	PMB		64.34
(3)	Joseph Scriffo 4220 N.W. 115 NR SUNTISE, FL 33323	Rostof	RMB		300.00
1/29/16	Flutaria T-541+5 5405 N.W. 102 AR SUNTIL, FL. 33351	T-situats	CAM		234.08
//			City	of the Cit	6 FEB 1 PM 1: y Clerk land Park Bl 33351-6899
/ /					
/ /		·			
//					

(1) Name		Scro	1		I.D. Number		
(3) Cover Period	1 1 1 16	throu	gh /	31 / /6	(4) Page		of /
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	Metho Browned Fire Fighters 3080 304 N.E. 1st street Pompano Bendt FL 133060		wio w	che			£/,000
1,28,16	PBA 2650 W. ST. RV 24 PT. LANT. FC 33312	B	UN io N	afe			250.00
1,5,16	Joseph Scrotto 4220 N.W. 118 AWC SUNVise, FL. 33323	S	Patrice	LOAN			100.00
1,74(16	Joseph South 4220 Nov. 115 ave Suovise, EL. 33923				10770 V	f the City Sunrise Vest Oakl	Clerk and Park Blvd
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1350

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

16 JAN -5 PM 12: 16

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHÉCK APPROPRIATE BOX(ES):	
1	surer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
1 11 0 4	
Joseph Authory Scrotlo	9220 N.W. 11 40E
4. Telephone 5. E-mail address	Survise, FL. 33353
(954) 741-6711	33323
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
1 1	applicable:
COMMISSIONER Group B	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	
CHRISTINA SCUOTO	
11. Mailing Address	12. Telephone
11730 N.W. 34 PL.	(954) 806-5847
13. City 14. County 15. State	16. Zip Code 17. E-mail address
SUNVISE Broward FL.	33323 Scrotto C of G-Mail. COM
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank 20	O. Address
1313+9 15ANK	3461 N. Pine Foland RD.
21. City SUNVISE 22. County Srow Ard	23. State 24. Zip Code
SUNVISE ISrowArd	74. 33351
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FO	
25. Date 26	6. Signature of Candidate
	000
1/5/16 X	561
27. Treasurer's Acceptance of Appointment (fil	ll in the blanks and check the appropriate block)
Christma Schotto	, do hereby accept the appointment
(Please Print or Type Name)	, ,, ,, ,, ,
designated above as: Campaign Treasurer	Deputy Treasurer.
1/5/16 X(h	mille Wille
Date	gnature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

DITY OFFICE USE ONLY

16 JAN -5 PM 12: 16

1

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

1, Joseph A. Swotto
candidate for the office of Commissioner Group B
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x 25/16
Signature of Candidate 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

16 JUN 20 PM 4: 43



NOTICE/OF CANDIDACY AND AFFIDAVIT
1, Joseph Scroffo, do hereby affirm that I am a
candidate for the office of Count's Sioner Group B, City of Sunrise, m Broward
County, Florida, in the General Election to be held on November 8, 2016, 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
6/20/16
/ / Date
STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE
CIT OF SOUNDE
The foregoing instrument was sworn to (or affirmed) and subscribed before me this 20 Hday
of June, 2016, by Joseph Scootto.
ARY Pho.
FELICIA BRAVO MY COMMISSION # EE 845644 Notary Public
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services (seal)
(500.)
Personally Known OR Produced Identification
Type of Identification Produced
Type of identification (rodded

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

16 JUN 20 PM 4: 43

CITY CLERK CITY OF SUNRISE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

CITY CLERK CITY OF SUNRISE

16 JUN 20 PM 4: 44



NOTICE OF LOGIC AND ACCURACY TEST

F.S. 101.5612 Testing of tabulating equipment.

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

VOTING EQUIPMENT CENTER 1501 NW 40 AVENUE LAUDERHILL, FL (954)712-1903

For Primary Election For General Election Wednesday, August 10, 2016 Wednesday, October 19, 2016 10:00 a.m. 10:00 a.m.

Signature of Candidate

Date

CITY CLERK CITY OF SUNRISE

16 JUN 20 PM 4: 44



Receipt of Sunrise Code of Ethics and Sunshine Amendment and Code of Ethics for Public Officers and Employees Acknowledgement

I have received, read and understand the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics and the Sunshine Amendment and Code of Ethics for Public Officers and Employees.

Print Name

Joey" Su

Signature

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:

- I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
- 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.
- 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

To: I will not use of permit to	ne use of Campaign material that	iaisines, distorts, or i	nisrepresents lacts.		
Executed on this day 20	4 of June	,2016.			
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EXPIRES: February 11, 2017 Bonded Thru Budget Notary Services