

OFFICE ACCOUNT REPORT

(Section 106.141, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
17 JAN 10 AM 11:24

Name <i>Joseph Scuffo</i>		Office to Which Elected <i>Commissioner</i>	
Address <i>4220 N.W. 115 Ave</i>	City <i>Sunrise</i>	State <i>FL.</i>	Zip Code <i>33323</i>
Name of Bank <i>BFB+</i>			
Address <i>3401 N. Pine Island RD.</i>	City <i>Sunrise</i>	State <i>FL.</i>	Zip Code <i>33351</i>

This report contains 2 pages of Deposits and Disbursements, upon which I have written my initials covering the period of 10/1/16 through 12/31/16.

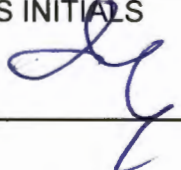
Balance on hand at beginning of reporting period	\$ <u>592.98</u>
Deposits during reporting period	\$ <u>0</u>
Disbursements during reporting period	\$ <u>45.00</u>
Balance on hand at end of reporting period	\$ <u>547.98</u>

I, Joseph Scuffo, certify that this report is complete, true and correct.

X *[Signature]*
Signature of Elected Official

OFFICE ACCOUNT DISBURSEMENT OR DEPOSIT INFORMATION

(PLEASE TYPE)

DATE	NAME AND ADDRESS	PURPOSE	AMOUNT	
			Disbursement	Deposit
10/23	BBAT 3401 N. Pine Island RD Sunrise, FL 33351	Bank Fee	15 ⁻	
11/23	BBAT 3401 N. Pine Island RD Sunrise, FL 33351	Bank Fee	15 ⁻	
12/23	BBAT 3401 N. Pine Island RD Sunrise, FL 33351	Bank Fee	15 ⁻	
ELECTED OFFICIAL'S INITIALS			TOTAL	TOTAL
			45 ⁻	

CITY CLERK
CITY OF SUNRISE
17 JAN 10 AM 11:25

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Scuffo
 Name
 (2) 4220 N.W. 115 Ave
 Address (number and street)
Sunrise, FL 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 SEP 22 PM 8:17

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner Group B
 Political Committee (PC)
 Electioneering Communications Org. (ECO)
 Party Executive Committee (PTY)
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if address has changed
 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 6 / 1 / 16 To 9 / 30 / 16 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 \$ _____, 4381. 37

Transfers to Office Account \$ _____, 368. 82

Total Monetary \$ _____

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 9,815. 25

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 9,815. 25

(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) <u>Christina Scotto</u> <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer	(Type name) <u>Joseph Scuffo</u> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)
X <u>Christina Scotto</u> Signature	X <u>Joseph Scuffo</u> Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo (2) I.D. Number _____

(3) Cover Period 6 / 1 / 16 through 6 / 31 / 16 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
6, 17, 16 (1)	Joseph Scuffo 4220 N.W. 115th Ave Sunrise, FL 33323		Rest owner	ctte			500.00
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/ /							
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/ /							
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16 SEP 22 PM 3:18
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo (2) I.D. Number _____
 (3) Cover Period 6/1/16 through 8/31/16 (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
6/20/16 ①	City of Sunrise 10770 W. OAKLAND PK. BLVD. Sunrise, FL 33351	Filing Fee	CH		2870.04
6/20/16 ②	Joseph Scuffo 4220 N.W. 115 Ave Sunrise, FL 33323	LOAN	RMB		1240.25
6/20/16 ③	Joseph Scuto 4220 N.W. 115 Ave Sunrise, FL 33323	LOAN	RMB		271.08
///					
///					
///					
///					
///					

16 SEP 22 PM 3:18
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Scoffo
Name

(2) 4220 N.W. 115 Ave
Address (number and street)

Sunrise, FL. 33323
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group B

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 5 / 1 / 16 To 5 / 31 / 16 Report Type: MS

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100 . 00

Loans \$ _____, _____, _____ . 0

Total Monetary \$ _____, _____, 100 . 00

In-Kind \$ _____, _____, 106 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 794 . 95

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

Total Monetary \$ _____, _____, 794 . 95

(8) Other Distributions

\$ _____, _____, _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____, 9, 315 . 25

(10) TOTAL Monetary Expenditures To Date

\$ _____, 5, 065 . 15

(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) Christina Scoffo

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

Christina Scoffo
Signature

(Type name) Joseph Scoffo

Candidate Chairperson (only for PC and PTY)

Joseph Scoffo
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scoffo (2) I.D. Number _____

(3) Cover Period 5, 1, 16 through 5, 31, 16 (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							
5, 16 ①	Walter Brown 1617 N.W. 102 Way Coral Springs, FL 33071		Self Employed	che			100.00
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16 JUN - 8 AM 10:36
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period 5/1/16 through 5/31/16

(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
5/2/16	Best Buy 12301 W. Sunrise Blvd. Sunrise, FL. 33323	Tower Computer + Screen			646.57
(1)					
5/2/16	Best Buy 12301 W. Sunrise Blvd. Sunrise, FL. 33323	Program			148.38
(2)					
///					
///					
///					
///					
///					
///					

CITY CLERK
 CITY OF SUNRISE
 16 JUN - 8 AM 10:36

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Scutoffo
 Name

(2) 4220 N.W. 115 Ave
 Address (number and street)

Sunrise, FL 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 MAY 10 AM 11:38

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group B

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 4 / 1 / 16 To 4 / 30 / 16 Report Type: M4

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 \$ _____ . 0

Transfers to Office Account \$ _____ . 0

Total Monetary \$ _____ . 0

(8) Other Distributions \$ _____ . 0

(9) TOTAL Monetary Contributions To Date
 \$ _____ 9,215.25

(10) TOTAL Monetary Expenditures To Date
 \$ _____ 9,270.20

(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:

<p>(Type name) <u>Christina Scutoffo</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>[Signature]</u> Signature</p>	<p>(Type name) <u>Joseph Scutoffo</u></p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><u>[Signature]</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Scuffo

Name 9220 N.W. 115 Ave

(2) Address (number and street) Sunrise, FL. 33323

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group B

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

CITY CLERK
CITY OF SUNRISE
16 APR -8 AM 11:17

(5) Report Identifiers

Cover Period: From 3, 1, 16 To 3, 31, 16 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 5,325.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 2,611.58

Transfers to Office Account \$ _____ 0.

Total Monetary \$ _____ 2,611.58

(8) Other Distributions

\$ _____ 0.

(9) TOTAL Monetary Contributions To Date

\$ _____ 9,215.25

(10) TOTAL Monetary Expenditures To Date

\$ _____ 4,270.20

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

Christina Scuffo
Signature

(Type name) Joseph Scuffo
 Candidate Chairperson (only for PC and PTY)

Joseph Scuffo
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scovito (2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16 (4) Page _____ of _____

(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						
3, 28, 16	MARC A. DOUGLAS 2920 PADDOCK RD. Fort Lauderdale, FL 33331	ctfe	B				500.00
①		B					
3, 29, 16	Blue Jean Holding 2645 Executive Park Dr. Weston, FL, 33331	ctfe	B				100.00
②							
3, 29, 16	John M. Milledge 200 SW. 1 ST Ave S-800 Ft. Lauderdale, FL 33301	ctfe	B				500.00
③							
3, 29, 16	William DePaLo 9300 N.W. 34 th Ct Sunrise, FL 33351	ctfe	B				500.00
④							
3, 29, 16	Craig Goldstein 7204 Mandarin Pr. Boca Raton, FL 33433	ctfe	B				500.00
⑤							
3, 29, 16	Westway Training 3681 W. OAKLAND PK. Lansdale Links, Ft Blvd. 33311	ctfe	B				500.00
⑥							
3, 29, 16	Gold Finger 3801 N. Unity Dr. Sunrise, FL 33351	ctfe	B				250.00
⑦							

16 APR - 8 AM 11:11
CITY CLERK
CITY OF SUNRISE

②582

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Savotto (2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
3, 29, 16 (8)	Matthew E. Morrall 2850 W Adams Ave Fort Lauderdale, FL 33311	cte	B				500.00
3, 26, 16 (9)	Frank Cagan 1252 NW. 168 Ave Pembroke Pines, FL. 33028	cte	I				100.00
3, 30, 16 (10)	JoAnne H. Stanley 4301 Renaissance way Boynton Beach, FL. 33426	cte	I				100.00
3, 29, 16 (11)	Jacqueline P. Braune 1617 NW. 102 way Coral Springs, FL 33071	cte	I				25.00
3, 29, 16 (12)	Stelly Spirak & Associates 834 - Johnson St. Hollywood, FL. 33019	cte	B				200.00
3, 29, 16 (13)	FLORIDA COM Smith 6365 NW. 6 th way Suite 200 Ft. Lauderdale, FL. 33309	cte	B				250.00
3, 29, 16 (14)	Victor J. PuJals 1722 Country Club Plaza Coral Gables, FL. 33134	cte	B				200.00

16 APR - 8 AM 11-17
CITY CLERK
CITY OF SUNRISE
(1375)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scuffo (2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
3, 29, 16 (15)	Kuvin & Goldman 825 S.E. 6 th St. Ft. Lauderdale, FL 33301	cte	B				100.00
3, 23, 16 (16)	Johson Environmental Services 4700 Powerline Rd. Ft. Lauderdale, FL 33309	cte	B				500.00
3, 29, 16 (17)	Panzarella Waste & Recycling Services 4581 Weston Rd. #314 Weston, FL 33331	cte	B				500.00
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/ /							

16 APR - 8 AM 11:17
CITY CLERK
CITY OF SUNRISE

(1100)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph Sutto

(2) I.D. Number _____

(3) Cover Period 3/1/16 through 3/31/16

(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
3/30/16 ①	Joseph Sutto 4220 N.W. 115 Ave Sunrise, FL 33323	Campaign Fundraiser (Royal Pig)	RMB		991.33
3/30/16 ②	Joseph Sutto 4220 N.W. 115 Ave Sunrise, FL 33323	Campaign Fundraiser (Royal Pig)	RMB		400.00
3/30/16 ③	Joseph Sutto 4220 N.W. 115 Ave Sunrise, FL 33323	Kick-off Party Sunrise Soccer Club	RMB		1240.25
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16 APR -8 AM 11:17
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY OF SUNRISE

OFFICE USE ONLY

16 MAR -7 PM 1:34

(1) Joseph Scotto
Name

(2) 4220 N.W. 115 Ave
Address (number and street)

Sunrise, FL, 33323
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group B

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 2/1/16 To 2/29/16 Report Type: M2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,300.00

Loans \$ 1,240.25

Total Monetary \$ 2,540.25

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 1,019.05

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,019.05

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,890.25

(10) TOTAL Monetary Expenditures To Date

\$ 1,658.62

(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) Christina Scotto

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

X Christina Scotto
Signature

(Type name) Joseph Scotto

Candidate Chairperson (only for PC and PTY)

X Joseph Scotto
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scutto (2) D. Number CITY CLERK CITY OF SUNRISE
 (3) Cover Period 2, 1, 16 through 2, 29, 16 (4) Page 16 MAR - 7 PM 11-34 of 11-34

(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							
2, 25, 16 ①	JAMES TABEEK 4424 99 Terr. Sunrise, FL 33351	B	Retired Firefighter	cfe			100.00
2, 25, 16 ②	City of Sunrise FOP Lodge 80-A Assn. Inc. P.O. Box 450581 Sunrise, FL 33345	B	Union	cfe			500.00
2, 25, 16 ③	Irwin + Rita Harlem 13340 NW 11th Ave Sunrise, FL 33323	I	Retired Commissioner	dfe			200.00
2, 16, 16 ④	Sunrise Lodge No. 80 P.O. Box 450086 Sunrise, FL 33345	B	Union	cfe			500.00
2, 25, 16 ⑤	Joseph Scutto 4220 NW 115 Ave Sunrise, FL 33323			LOAN	LOAN		1,090.25
2, 25, 16 ⑥	Joseph Scutto 4220 NW 115 Ave Sunrise, FL 33323			LOAN	LOAN		150.00
1, 1							

CITY CLERK
CITY OF SUNRISE
CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scott

(2) I.D. Number _____

(3) Cover Period 2 / 1 / 16 through 2 / 29 / 16

(4) Page 16 MAR -7 PM 4:34

(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
2/25/16 ①	(Party City) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	Party Misc	RMB		90.79
2/25/16 ②	(Party City) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	Party Misc	RMB		31.73
2/25/16 ③	(Party City) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	Party Misc	RMB		105.36
2/25/16 ④	(Publix) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	CAKE	RMB		51.99
2/25/16 ⑤	(Office Max) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	CARDS	RMB		27.55
2/25/16 ⑥	(Office Max) Allison Liotti 4220 N.W. 115 Ave Sunrise, FL 33323	Badges Misc	RMB		40.26
2/17/16 ⑦	Pinnacle Promotions 4855 Peachtree Industrial Blvd. Suite 235 Norcross, GA 30092	Mugs PENS	CAM		374.09
2/18/16 ⑧	Pinnacle Promotions 4855 Peachtree Industrial Blvd. Suite 235 Norcross, GA 30092	Mugs	CAM		297.28

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Scuffo
Name

(2) 4220 N.W. 115 Ave
Address (number and street)

Sunrise, FL 33323
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

'16 FEB 1 PM 1:24

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Sunrise, Florida 33351-6899

(3) ID Number _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner Group B
- 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 1 / 1 / 16 To 1 / 31 / 16 Report Type: 401

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,250.00

Loans \$ 100.00

Total Monetary \$ 1,350.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 639.57

Transfers to Office Account \$ _____

Total Monetary \$ 639.57

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,350.00

(10) TOTAL Monetary Expenditures To Date

\$ 639.57

(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) Christina Scuffo

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

X [Signature]
Signature

(Type name) Joseph Scuffo

- Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo (2) I.D. Number _____
 (3) Cover Period 1 / 1 / 16 through 1 / 31 / 16 (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
1/20/16 ①	Hartland Clarke 15955 LACANTARA Parkway San Antonio, TX 78256	Campaign checks	CAN		\$42.14
1/15/16 ②	Joseph Scuffo 4220 N.W. 115 Ave Sunrise, FL 33323	Post cards	RMB		64.34
1/29/16 ③	Joseph Scuffo 4220 N.W. 115 Ave Sunrise, FL 33323	Rental Hall	RMB		300.00
1/29/16 ④	Florida T-shirts 5405 N.W. 102 Ave Sunrise, FL 33351	T-shirts	CAN		234.08
1/1					
1/1					
1/1					
1/1					

16 FEB 1 PM 1:25
 Office of the City Clerk
 City of Sunrise
 10770 West Oakland Park Blvd.
 Sunrise, Florida 33351-6899

639.57

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph Scotto (2) I.D. Number _____
 (3) Cover Period 1, 1, 16 through 1, 31, 16 (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
1, 28, 16	Metro Broward Fire Fighters 3080 304 N.E. 1st street Pompano Beach, FL 33060	B	union	cte			\$ 1,000.00
0							
1, 28, 16	PBA 2650 W. ST. RD 24 FT. LAUD. FL 33312	B	union	cte			\$ 250.00
0							
1, 5, 16	Joseph Scotto 4220 N.W. 115 Ave Sunrise, FL 33323	S	Prop. owner	LOAN			\$ 100.00
0							
1, 11, 16	Joseph Scotto 4220 N.W. 115 Ave Sunrise, FL. 33323						
1							
1							
1							
1							

'16 FEB 1 PM 1:25

Office of the City Clerk
 City of Sunrise
 10770 West Oakland Park Blvd.
 Sunrise, Florida 33351-6899

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. 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)

Joseph Anthony Scotto

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

4220 N.W. 115 Ave
Sunrise, FL. 33323

4. Telephone

(954) 741-6711

5. E-mail address

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

Commissioner Group B

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

CHRISTINA Scotto

11. Mailing Address

11730 N.W. 34 PL.

12. Telephone

(954) 806-5847

13. City

SUNRISE

14. County

BROWARD

15. State

FL.

16. Zip Code

33323

17. E-mail address

scottoC@G-mail.com

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

19. Name of Bank

BB+T Bank

20. Address

3401 N. Pine Islands RD.

21. City

SUNRISE

22. County

BROWARD

23. State

FL.

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

1/5/16

26. Signature of Candidate

X 

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

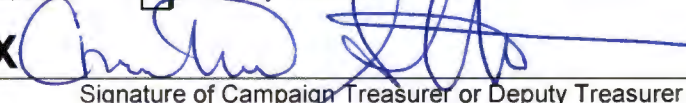
I, Christina Scotto, do hereby accept the appointment
(Please Print Or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

1/5/16
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

CITY CLERK
CITY OF SUNRISE
OFFICE USE ONLY

16 JAN -5 PM 12:16

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Joseph A. Scotto,

candidate for the office of Commissioner Group B;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

1/5/16

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

I, Joseph Scotto, do hereby affirm that I am a candidate for the office of Commissioner 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

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 20th day of June, 2016, by Joseph Scotto.



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

, Notary Public

(seal)

Personally Known X 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

16 JUN 20 PM 4:43

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Joseph "Joey" Scotto

(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 Commissioner, _____, _____,
(office) (district #)
B; 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.

[Signature] (954) 802-7188 Scottos Pizza @ Adc.com
Signature of Candidate Telephone Number Email Address

4220 N.W. 115 Ave Sunrise FL 33323
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101421892

* 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):

Joh-suh-f Joh-ee Scoo-do

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



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

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

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.

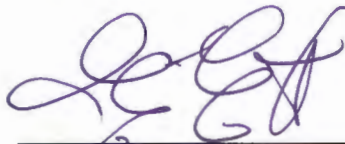
Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

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

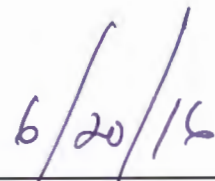
For Primary Election
For General Election

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.

Joseph "Joey" Scotto

Print Name

A handwritten signature in black ink, appearing to read "J. Scotto", written over a horizontal line.

Signature

6/20/16

Date

