

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph A Scovotto
 Name
 (2) 4220 NW. 115 Ave
 Address (number and street)
Sunrise, Fla 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
 CITY OF SUNRISE
 2020 SEP 18 PM 4:13

Check here if address has changed

(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)

(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

(5) Report Identifiers

Cover Period: From 6/1/20 To 9/10/20 Report Type: TR

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 \$ _____ 1614.88 _____
 Transfers to Office Account \$ _____ 0 _____
 Total Monetary \$ _____ 1614.88 _____

(8) Other Distributions
 \$ _____ 0 _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ 5,150.00 _____

(10) TOTAL Monetary Expenditures To Date
 \$ _____ 5,150.00 _____

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

X Allison Lotfi
 Signature

(Type name) Joseph A. Scovotto
 Candidate Chairperson (only for PC and PTY)

X Joseph A. Scovotto
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Scuffo

(2) I.D. Number _____

(3) Cover Period / / through / /

(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
9/10/20 7	Peggy Krage 9670 N.W. 20th Sunrise, FL. 33322	Referend pro - RSTA	CD CH	ADD	24.88
9/10/20 8	Dan Marino 400 N. Andrews Ft. Lauderdale 33301	CD Donation	CD DIS	ADD	1075.12
9/10/20 9	Fraternal Order of Police P.O. Box 450068 Sunrise, FL. 33345	CD Donation	CD DIS	ADD	150
9/10/20 10	Metro Brand Finishes 8000 Unity Dr Tamarac, FL. 33321	CD Donation	CD DIS	ADD	200
9/10/20 11	Sunrise Genl Employees P.O. Box 450581 Sunrise, FL. 33345	CD Donation	CD DIS	ADD	150
9/10/20 12	BBAT 3401 N. Pine Field Rd Sunrise, FL. 33351	Fees	CH	ADD	14.88
11					
11					
					1614.88

2020 SEP 18 PM 4:13
CITY OF SUNRIS
CITY CLERK

[Handwritten signature]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph A 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

CITY CLERK
CITY OF SUNRISE
2020 SEP 10 PM 1:21

(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 6 / 1 / 20 To 9 / 10 / 20 Report Type: TR

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 \$ _____, 16,14 . 88

Transfers to Office Account \$ _____, 0 . _____

Total Monetary \$ _____, 16,14 . 88

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 5,150 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 5,130 . 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) Allison Liotti
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Allison Liotti
Signature

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

X Joseph A. Scuffo
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

2020 JUN 10 AM 11:52

CITY CLERK
CITY OF SUNRISE

(1) Joseph Scotto
Name

(2) 4220 NW 115th 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: Sunrise City 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 05/01/20 To 05/31/20 Report Type: M3

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 5,000.00

Loans \$ 3,000.00

Total Monetary \$ 3,500.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 4,650.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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) Allison Liotti

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

X Allison Liotti
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 Scatto (2) I.D. Number _____

(3) Cover Period 05/01/20 through 05/31/20 (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		
05/19/20 1	Fraternal Order of Police PO Box 450086 Sunrise FL 33345	B	UNION	CHE			\$1500. ⁰⁰
05/27/20 2	Joseph Scatto 4220 NW 115th Ave Sunrise FL 33323	\$	business owner	LOA			\$3,000. ⁰⁰
/ /							
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2020 JUN 10 AM 11:52
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

2020 MAY 15 PM 4:54
 CITY CLERK
 CITY OF SUNRISE

(1) Joseph Scotto
Name

(2) 4220 NW 15th Ave
Address (number and street)

Sunrise FL 33323
City, State, Zip Code

OFFICE USE ONLY

(3) ID Number: _____

Check here if address has changed

(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 04 / 01 / 20 To 04 / 30 / 20 Report Type: M4

Original
 Amendment
 Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,100.00

Loans \$ 0

Total Monetary \$ 1,100.00

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

\$ 1,650.00

(10) TOTAL Monetary Expenditures To Date

\$ 0

(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) Allison Liotti

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

Allison Liotti
Signature

(Type name) Joseph Scotto

Candidate
 Chairperson (only for PC and PTY)

Joseph Scotto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph A Swatto (2) I.D. Number _____

(3) Cover Period 04 / 01 / 20 through 04 / 30 / 20 (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	Contribution Type	In-kind Description	Amendment	Amount
04 / 16 / 20 01	Krege Peggy 9670 NW 24th St Sunrise FL 33322	I		check		Add	\$100.00
04 / 20 / 20 02	Metro Broward Professional Firefighters 8000 N University Dr Tamarac FL 33321	B	union	check		Add	\$1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

2020 MAY 15 PM 4:54
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph A Scotto

(2) I.D. Number _____

(3) Cover Period 04/01/20 through 04/30/20

(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					
04/16/20 01	Krege, Peggy 9670 NW 24th St Sunrise FL 33322	Individual Check		delete	\$100.00
04/20/20 02	Metro Broward Professional Firefighters 8000 N University Dr. Tamarac FL 33321	Business/ Check		delete	\$1,000.00
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//					
//					

2020 MAY 15 PM 4:54
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

2020 MAY 11 AM 11:24
 CITY CLERK
 CITY OF SUNRISE

OFFICE USE ONLY

(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: Commissionee 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 4/1/20 To 4/30/20 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,000.00

Loans \$ 0.00

Total Monetary \$ 1,000.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,650.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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) Allison Liotti

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

Allison Liotti
 Signature

(Type name) Joseph Scoffo

Candidate Chairperson (only for PC and PTY)

Joseph Scoffo
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph A Scutto (2) I.D. Number _____
 (3) Cover Period 04/01/20 through 04/30/2020 (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
04/16/20	Krege, Peggy 9670 NW 24th St Sunrise FL 33322	Individual CHE			\$100.00
04/20/20	Metro Broward Professional Firefighters 7000 N. University Dr. Tamarac FL 33321	Business CHE			\$1,000.00
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2020 MAY 11 AM 11:24
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Savoffo
 Name
 (2) 4220 N.W. 115 Ave
 Address (number and street)
Sunrise, FL 33351
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
2020 APR 13 AM 10:06

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Sunrise City 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 3 / 1 / 20 To 3 / 31 / 20 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 5,000.00

Loans \$ 500.00

Total Monetary \$ 5,500.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 5,500.00

(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, correct, and complete:

(Type name) Allison Liotti

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

X Allison Liotti 

Signature

(Type name) Joseph Savoffo

Candidate Chairperson (only for PC and PTY)

X Joseph Savoffo

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
 CITY OF SUNRISE
 2020 APR 10 PM 4:38

(1) Joseph Swoffo
 Name

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

Sunrise, FL 33351
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Sunrise City 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 3 / 1 / 20 To 3 / 31 / 20 Report Type: M3

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 5,000.00

Loans \$ 50.00

Total Monetary \$ 5,500.00

In-Kind \$ 0.00

(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

\$ 5,500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 0

(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) Allison Liotti

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

Allison Liotti
 Signature

(Type name) Joseph Swoffo

Candidate Chairperson (only for PC and PTY)

Joseph Swoffo
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph A Swatto (2) I.D. Number _____

(3) Cover Period 03/01/20 through 03/31/20 (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
03/06/20 1	Joseph Swatto 4220 NW 115th Ave Sunrise, FL 33323	S		LOA			\$50
03/11/20 2	Sunrise General Employee Union Inc. PO Box 450581 Sunrise, FL 33345	B		CHE			\$500
/ /							
/ /							
/ /							
/ /							
/ /							

2020 APR 10 PM 4:38
CITY CLERK
CITY OF SUNRISE

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

CITY CLERK
CITY OF SUNRISE
2020 MAR -6 PM 2:09

(PLEASE PRINT OR TYPE)

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 Scuffo

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

4220 NW 115 Ave
Sunrise, FL 33323

4. Telephone

(954) 802-7188

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

Allison Lotti

11. Mailing Address

4220 NW 115th Ave.

12. Telephone

(954) 655-0146

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33323

17. E-mail address

allison.lotti@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

BB+T

20. Address

3401 N. Pine Island 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

3/6/20

26. Signature of Candidate

X 

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

I, Allison Lotti, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/6/20
Date

X Allison Lotti
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

CITY CLERK
OF SUNRISE

2020 MAR -6 PM 2: 24

(PLEASE PRINT OR TYPE)

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)

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

Joseph Anthony Scavotto

4220 N.W. 115 Ave
Sunrise, FL 33323

4. Telephone

5. E-mail address

(954) 802-7188

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

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

Commissioner Group B

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

Joseph Anthony Scavotto

11. Mailing Address

12. Telephone

4220 N.W. 115 Ave

(954) 802-7188

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Sunrise

Broward

FL

33323

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

20. Address

BB+T

3401 N. Pine Island Road

21. City

22. County

23. State

24. Zip Code

Sunrise

Broward

FL

33323

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

26. Signature of Candidate

3/6/20

X [Signature]

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

I, Joseph Anthony Scavotto, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/6/20
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

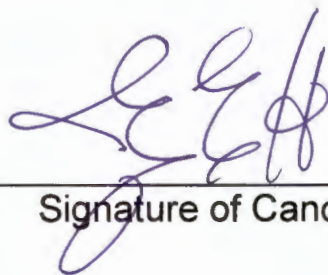
(Please print or type)

I, Joseph A. Scuffo,

candidate for the office of Commissioner Group B;

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

CITY CLERK
CITY OF SUNRISE
2020 MAR -6 PM 1:48

X 
Signature of Candidate

3/6/20
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

2020 JUN -9 PM 12:43



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, in Broward County, Florida, in the General Election/Special Election to be held on November 3, 2020, 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 or Mayor.

Under penalties of perjury I, Joseph Scotto, declare that the foregoing document and that the facts stated in it are true. Florida Statutes §117.215(1).

[Signature]
Signature
6/9/20
Date

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9 day of June, 2020, by: Joseph Scotto

[Signature]
Signature of Notary Public – State of Florida



FELICIA M BRAVO
MY COMMISSION # GG 046087
EXPIRES: February 11, 2021
Bonded Thru Budget Notary Services

Print, type or stamp commissioned name
of Notary Public

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**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a
write-in candidate:

Write-in candidate

CITY CLERK
CITY OF SUNRISE

2020 JUN -9 PM 12:43

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Joseph "Joey" Scvotto

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

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.

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

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] 954) 802-7188 Scvottos Pizzeria Adv.com
Signature of Candidate Telephone Number Email Address
4220 N.W. 115 Ave Sunrise FL. 33323
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

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

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 9 day of June, 2020.
Personally Known: X or Produced Identification: _____
Type of Identification Produced: _____

 **FELICIA M BRAVO**
MY COMMISSION # GG 048087
EXPIRES: February 11, 2021
Bonded Thru Budget Notary Services

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Scotto Joseph Anthony

MAILING ADDRESS :

4220 N.W. 115 Ave

Sunrise 33323 Broward

CITY : ZIP : COUNTY :

City of Sunrise

NAME OF AGENCY :

Commissioner Group B

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

2020 JUN -9 PM12:43
 CITY CLERK
 CITY OF SUNRISE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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 (must check one):

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
City of Sunrise	10770 W. OAKLAND PK DR Sunrise	Commissioner
Scotto's Convey & Land Tents Inc.	3801 N. Unity Dr Sunrise, FL 33351	RESTAURANT

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

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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

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

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
401 - 401A - 457 Drop Plan	FCMA Pension

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
U.S. BANK Mortgage	2627 W Eau Claire Blvd #101 Melbourne, FL 32935

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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		

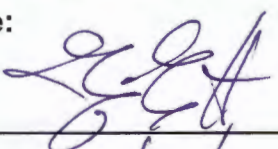
2020 JUN - 9 PM 12:44
 CITY CLERK
 SE

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 6/9/20

CPA or ATTORNEY SIGNATURE ONLY

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.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

CITY CLERK
CITY OF SUNRISE

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**NOTICE OF LOGIC AND ACCURACY TEST
ACKNOWLEDGMENT**

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 2020 General and Special 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 33313
(954)712-1903**

Friday, October 9, 2020

9:00 a.m.

A handwritten signature in blue ink, appearing to be "J. G. G.", written over a horizontal line.

Signature of Candidate

A handwritten date "6/9/20" in blue ink, written over a horizontal line.

Date

CITY CLERK
CITY OF SUNRISE

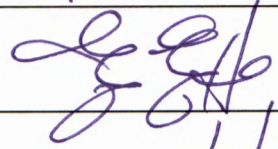
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**Receipt of
Sunrise Code of Ethics and
Sunshine Amendment and Code of Ethics for
Public Officers and Employees
Acknowledgement**

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 Savoffo

Print Name


Signature
6/9/20

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 9 of JUNE, 2020

WITNESSES:

BY CANDIDATE:

Signature

(Print Name)

Joseph Scuffo

Joseph Scuffo

CITY CLERK
CITY OF SUNRISE
2020 JUN -9 PM 12:44

STATE OF FLORIDA
COUNTY OF Broward

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 9th day of June, 2020, by Joseph Scuffo



FELICIA M BRAVO
MY COMMISSION # GG 046087
EXPIRES: February 11, 2021
Bonded Thru Budget Notary Services

Signature of Notary Public - State of Florida

Print, type or stamp commissioned name of Notary Public

Personally Known OR Produced Identification
Type of Identification Produced _____