

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

OFFICE USE ONLY

08 OCT - 11:58  
CITY CLERK  
CITY OF SUNRISE

(1) LOUIS CARAVELLA  
Name

(2) 2700 SUNRISE LAKES DR. W  
Address (number and street)

SUNRISE FL. 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER SUNRISE

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 01 / 08 To 9 / 30 / 08 Report Type Q3-EC

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 1100.00

(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) DFANA ZANBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambenardi  
Signature

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

(Type name) LOU CARAVELLA

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

**X** Lou Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LOUIS CARAVELLA

(2) I.D. Number 062 28 1362

(3) Cover Period 7 101 08 through 9 130 08

(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					
9/22/08	ROGERS, JOHN 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL. 33067	City Commis.			100.00
1					
9/22/08	SMITH, WATSON PARKER, INS. 2590 HOLLYWOOD BLVD. HOLLYWOOD, FL. 33020	City Commis.			500.00
2					
9/16/08	CARAVELLA, LOUIS 2700 SUNRISE LAKES DR.W SUNRISE, FL. 33322	City Commis.			500.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					

08 OCT - 1 AM 11:56  
 CITY CLERK  
 CITY OF SUNRISE

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

OFFICE USE ONLY

(1) LOUIS CARAVELLA  
Name  
(2) 5700 SUNRISE LAKES DR W  
Address (number and street)  
SUNRISE, FL 33322  
City, State, Zip Code

CITY CLERK  
CITY OF SUNRISE  
08 OCT - 9 PM 11 26

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): SUNRISE CITY COMMISSIONER GRP A
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 1 0 1 1 0 8 To 9 1 3 0 1 0 8 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 1100.00

**(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) DIANA ZAMBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Diana Zambernardi  
Signature

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

(Type name) LOUIS CARAVELLA

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

X Louis Caravello  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name LOUIS CARVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 101 108 through 9 130 108 (4) Page 1 of 2

(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		
9, 22, 08	ROGERS, JOHN 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL 33067	B	ARMY	CHE		ADD	100.00
1							
9 12 108	SMITH, WATSON, PARKER, INS 2590 HOLLYWOOD Blvd. HOLLYWOOD, FL 33020	B	INSURANCE CO	CHE		ADD	500.00
2							
9 12 21 08	CARVELLA, LOUIS 2700 SUNRISE LAKES DR W. SUNRISE, FL 33322	I	Retired	CHE		ADD	500.00
3							
1 1							
1 1							
1 1							
1 1							
1 1							

CITY CLERK  
CITY OF SUNRISE  
08 OCT -9 PM 1:26

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Louis CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/01/08 through 9/30/08

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/22/08	Rogers, John 5521 UNIVERSITY DR STE 104 CORAL SPRINGS, FL 33067	City Comm.		DEL	100. <sup>00</sup>
1					
9/22/08	SMITH, WATSON, PARKER INS 2590 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	City Comm.		DEL	500. <sup>00</sup>
2					
9/16/08	LOUIS CARAVELLA 2700 SUNRISE LAKES DR. W SUNRISE FL 33322	City Comm.		DEL	500. <sup>00</sup>
3					
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08 OCT -9 PM 11:26  
CITY CLERK  
CITY OF SUNRISE

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

CITY CLERK  
CITY OF SUNRISE  
09 JAN 12 PM 1:28

(1) LOUIS CARAVELLA  
Name  
(2) 2700 SUNRISE LAKES DR. W.  
Address (number and street)  
SUNRISE FL 33322  
City, State, Zip Code

OFFICE USE ONLY

(3) ID Number: \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): SUNRISE City Comm. Grp. A Group D  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

*1/12/09*

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 1 / 08 to 12 / 31 / 08 Report Type Q4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 5270.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ 5270.00  
 In-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 16.55  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 16.55

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ 6353.45

(10) TOTAL Monetary Expenditures To Date  
 \$ 16.55

(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) DIANA ZAMBERNARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambernardi  
Signature

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

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

**X** Louis Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

09 JAN 12 PM 1:28  
CITY CLERK  
CITY OF SUNRISE

(1) Name LOUIS CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 1 1 108 through 12 31 108

(4) Page 1 of 5

(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		
10 1 2 108 1	C.S.I ASSOC. INC 100 S.E. 3 AVE. STE 800 FT. LAUD. FL. 33394	B	CONSULT. FIRM	CHE			250.00
10 1 3 108 2	PAUL MONAKEY 3169 N.W. 72 AVE MARGATE, FL 33063	I	ROOFER	CHE			500.00
10 1 3 108 3	ADIRONDACK ROOF. INC 3169 NW 72 AVE MARGATE, FL 33063	B	ROOFING CONTR.	CHE			500.00
10 1 13 108 4	WASHINGTON A. JOHNSON 100 SPRINGFIELD LANE MADISON, AL. 35758	I	RETIRED	CHE			50.00
10 1 14 108 5	THERESA + LEONARD PALMINTERI 2951 E. SUNRISE LKSDR SUNRISE, FL 33322	I	RETIRED	CHE			100.00
10 1 14 108 6	LOU CARAVELLA 2700 SUNRISE LAKES W SUNRISE FL. 33322	I	RETIRED	CAS			50.00
10 1 15 108 7	D. ELIZ REYES DANIEL OSAPENA GROS 8541 BUTLER GREENWOOD DR ROYAL PALM BCH, FL 33411	I	PAINTER	CHE			500.00
10 1 15 108 8	PD PAINTING INC 8541 BUTLER GREENWOOD DR ROYAL PALM BCH, FL 33411	B	PAINTING CONTR.	CHE			500.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK  
CITY OF SUNRISE  
JAN 12 PM 1:28

(1) Name LOUIS CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/08 through 12/31/08

(4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10/17/08 9	MERV MOSS PA 107 OXFORD 500 W. PALM BCH, FL. 33417	B	REALTOR	CHE			300.00
10/21/08 10	SAL A. GREGG 2750 SUNRISE LKS D.W SUNRISE, FL 33322	I	RET.	CHE			10.00
10/22/08 11	GOLDMAN, JUDG, MARTIN + ESKKOW PA 8211 W. BROWARD BLVD PLANTATION, FL 33324	B	ACCTS	CHE			500.00
10/23/08 12	MAX EISENBERG 7960 SUNRISE LKS DR N. SUNRISE, FL 33322	I	RET	CHE			50.00
10/23/08 13	TONI SCHNORR 7960 SUNRISE LKS DR N SUNRISE, FL 33322	I	RET.	CHE			25.00
11/07/08 14	DIANA ZAMBERNARDI 2901 SUNRISE LKS DR E SUNRISE, FL 33322	I	RET	CHE			25.00
11/07/08 15	MARK SIMON 2704 SUNRISE LKS DR E SUNRISE FL. 33322	I	RET	CHE			25.00
11/15/08 16	LOUIS CARAVELLA 2700 SUNRISE LKS D.W SUNRISE, FL 33322	I	RET.	CHE			100.00



CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK  
CITY OF SUNRISE  
09 JAN 12 PM 1:28

(1) Name Louis Caravella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 1 1 108 through 12 31 108

(4) Page 3 of 28

(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
10 130 108 17	JACK E RESSLER 7191 OAKLAND PK BUB LAUDERHILL, FL 33313	B	Physician	CHE			25.00
11 125 108 18	GUSSIE ZACK 3091 SUNRISE LKS DR. E SUNRISE, FL 33322	I	RET	CHE			10.00
12 110 108 19	LOU CARAVELLA 2700 SUNRISE LKS D.W SUNRISE FL 33322	I	RET	CHE			500.00
12 111 108 20	STATE ENERGY INT 2775 VISTA PKWY STE. 7 W. PALM BCH FL 33411	B	A/C	CHE			200.00
1 03 09 21	JOSEPHINE CARAVELLA 2700 SUNRISE LKS DR W SUNRISE FL 33322	I	RET	CHE			1050.00
1 1							
1 1							
1 1							

CITY CLERK  
CITY OF SUNRISE  
09 JAN 13 11:28 PM

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Louis Caravella (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 10/17/08 through 12/19/08 (4) Page 1 of 28

(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					
10/17/08	BANK UNITED 8151 W. SUNRISE BLVD PLANTATION, FL 33322	Checks	MON		16.55
1					
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/ /					

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

(1) LOUIS CARAVELLA  
Name  
(2) 2700 SUNRISE LAKES DR, W  
Address (number and street)  
SUNRISE FL 33322  
City, State, Zip Code

OFFICE ONLY: 58

09 JAN 16 PM 1:58  
CITY CLERK  
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): SUNRISE City Comm. Group D

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 1 1 108 To 12 31 108 Report Type Ammend.

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 4220.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 4220.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 16.55

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 16.55

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 5320.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 16.55

**(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) DIANA ZAMBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambernardi  
Signature

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

(Type name) LOUIS CARAVELLA

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

**X** Louis Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name LOUIS CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 11 108 through 12 31 108 (4) Page 1 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10, 2, 108	CSI Assoc Inc 100 SE 3 Ave STE 800 FT. LAUD, FL 33344	B	CONSULT. FIRM	CHE		A	250.00
1							
10, 3, 108	Paul Monakey 3169 N.W. 72 Ave MARGATE, FL 33063	I	ROOFER	CHE		A	500.00
2							
10, 3, 108	ADIRONDACK ROOF. INC 3169 N.W. 72 AVE MARGATE FL 33063	B	ROOFING CONTR	CHE		A	500.00
3							
10, 3, 108	WASHINGTON A JOHNSON 100 SPRINGFIELD AVE MADISON, AL. 35758	I	RET.	CHE		A	50.00
4							
10, 4, 108	THERESA LEONARD PALMINTERI 2901 SUNRISE LAKES DR SUNRISE, FL 33322	I	RET	CHE		A	100.00
5							
10, 14, 108	LOU CARAVELLA 2700 SUNRISE LK 3 DR W SUNRISE, FL 33322	I	RET	CAS		A	50.00
6							
10, 15, 108	D. ELIZ REYES DANIEL ESAU PENA CRUZ 8541 BUTLER GREENWOOD DR Royal Palm Bch, FL 33411	I	PAINTER	CHE		A	500.00
7							
10, 15, 108	PD PAINTING CONTR 8541 BUTLER GREENWOOD DR Royal Palm Bch, FL 33411	B	PAINTING CONTR	CHE		A	500.00
8							

09 JAN 16 PM 1:58  
 CITY CLERK  
 CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Louis Caravella (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 11 108 through 12 31 108 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10 11 108	MERV MOSS PA 704 OXFORD 500 W. PALM BEACH, FL 33417	B	REALTOR	CHE		A	500.00
9						A 09 JAN 16 PM 1:58	
10 121 108	SAL A. GREGG 2750 SUNRISE LKS DR W SUNRISE, FL 33322	I	RET	CHE		A	500.00
10							
10 122 108	GOLDMAN, JUDN, MARTIN ESKOW, PA 8211 W. FORWOOD BLVD PLANTATION, FL 33324	B	ACCTS	CHE		A	500.00
11							
10 123 108	MAX EISENBERG 7960 SUNRISE LKS DR N. SUNRISE, FL 33322	I	RET	CHE		A	50.00
12							
10 123 108	TONI SCHNORR 7960 SUNRISE LKS DR N SUNRISE, FL 33322	I	RET	CHE		A	25.00
13							
11 107 108	DIANA ZAMBERNARDI 2901 SUNRISE LKS DR E SUNRISE, FL 33322	I	RET	CHE		A	25.00
14							
11 109 108	MARK SIMON 2701 SUNRISE LKS DR E SUNRISE FL 33322	I	RET	CHE		A	25.00
15							
11 111 108	Louis Caravella 2700 SUNRISE LKS DR N SUNRISE, FL 33322	I	RET	CHE		A	100.00
16							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Louis Carnovella (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 1 1 108 through 12 31 108 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10130 108 17	JACK E KESSLER 7191 OAKLAND PK BLVD LAUDERHILL, FL 33313	B	PHYSICIAN	CHE			25.00
11125 108 18	RUSSIE ZACK 3091 SUNRISE LKS DR E SUNRISE FL 33322	I	RET	CHE		09 JAN 16 PM 1:58	00
12110 108 19	LOU CARNOVELLA 2700 SUNRISE LKS DR W SUNRISE FL 33322	I	RET	CHE		CITY CLERK CITY OF SUNRISE 15	50.00
12111 108 20	STATE ENERGY INC 2775 VISTA PKWY STE 7 W. PALM BEACH, FL 33411	B	A/C	CHE			200.00
1 1							
1 1							
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1 1							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Louis Cravella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 1 / 08 through 12 / 31 / 08

(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					
1 /	BANK UNITED 8151 W. SUNRISE BLVD PLANTATION, FL 33322	CHECKS	MON	A	16.55
1 /					
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1 /					
1 /					
1 /					

09 JAN 16 PM 1:58  
 CITY CLERK  
 CITY OF SUNRISE

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

(1) LOUIS CARAVELLA  
**Name**  
 (2) 2700 SUNRISE LAKES DR. W  
**Address (number and street)**  
SUNRISE FL 33322  
**City, State, Zip Code**

**OFFICE USE ONLY**

CITY CLERK  
CITY OF SUNRISE

09 APR 10 AM 11:37

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): CITY COMMISSIONER GROUP "D"  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 01/01/09 To 04/10/09 Report Type (1)  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 520.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 94.46  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 5840.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 111.01

**(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) DIANA ZAMBENARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambenardi  
 Signature

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

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

**X** Louis Caravella  
 Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name LOUIS CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 01/01/09 through 4/10/09

(4) Page 1 of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1 / 22 / 09	D. ZAMBERNARDI 2901 SUNRISE LKS DR E SUNRISE FL 33322		Mon		9.46
1					
1 / 27 / 09	SAL GAEGG 2750 SUNRISE LKS DR W SUNRISE FL 33322		REF		10.00
2					
1 / 27 / 09	MAX EISENBERG 7960 SUNRISE LKS DR N SUNRISE FL 33322		REF		50.00
3					
1 / 27 / 09	TONI SCHNARR 7960 SUNRISE LKS DR N SUNRISE FL 33322		REF		25.00
1 / 1					
1 / 1					
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1 / 1					

CITY CLERK  
 CITY OF SUNRISE  
 09 APR 10 AM 11:37

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name LOUIS CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01/10/109 through 4/10/109 (4) Page 1 of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
1 114 109 1	SERVPRO OF SUNRISE SUNRISE, FL 33322	B		CHK			200.00
1 121 109 2	DON L. CANGELOSI 333 W. 15 ST SHIP BOTTOM, NJ 07008	I	RET	CHK			100.00
2 19 109 3	GARY/MARTHA OSBORNE 8040 SUNRISE LKS DR. N. SUNRISE FL 33372	I	RET	CHK			20.00
4 101 109 4	S. JAMES ELLISON 4974 S.W. 78 ST MIAMI FL 33143	I	RET	CHK.			100.00
2 105 109	LOUIS CARAVELLA 2700 SUNRISE LKS DR W SUNRISE FL 33322	I	RET	CHK			100.00
1 1							
1 1							
1 1							

09 APR 10 AM 11:37  
 CITY CLERK  
 CITY OF SUNRISE

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

CITY OF SUNRISE

OFFICE USE ONLY

09 JUL 10 PM 5:01

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

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER A.D.

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4 1 30 10 To 6 1 30 09 Report Type QR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ —

Loans \$ —

Total Monetary \$ —

In-Kind \$ —

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ —

Transfers to Office Account \$ —

Total Monetary \$ —

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date

\$ 5728.99

(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) DIANA ZAMBELWARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambelwardi  
Signature

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

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

**X** Louis Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED  
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Louis CORNELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 1 00 1 09 through 6 1 00 1 09 (4) Page 2 of 2

**Contributions** (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

**Fund Transfers** (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
/ /							
	NONE						
/ /							
						09 JUL 10 PM 5:01	CITY CLERK CITY OF SUNRISE
/ /							
/ /							
/ /							

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

(1) Louis Carnvella  
Name

(2) 2700 Sunrise Lakes Dr W  
Address (number and street)

SUNRISE FL 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

CITY CLERK  
CITY OF SUNRISE  
09 JUL 17 PM 12:43

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4 1 1 09 To 6 30 109 Report Type Amended

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 5840.00

(10) TOTAL Monetary Expenditures To Date

\$ 711.01

**(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) Diana Zamboanardi

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zamboanardi  
Signature

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

(Type name)

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

**X** Lou Carnvella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Louis Caravella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4, 1, 09 through 6, 30, 09

(4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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CITY CLERK  
 CITY OF SUNRISE  
 09 JUL 17 PM 12:49


**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Louis Cannavella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4/1/09 through 6/30/09

(4) Page 3 of 3

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CITY CLERK  
 CITY OF SUNRISE  
 09 JUL 17 PM 12:49

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

CITY CLERK  
CITY OF SUNRISE  
OFFICE USE ONLY  
09 OCT -7 AM 9:18

(1) LOUIS CARAVELLA

Name

(2) 2700 SUNRISE LAKES DR. W

Address (number and street)

SUNRISE FL 33322

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/09 To 9/30/09 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 10.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 5850.00

(10) TOTAL Monetary Expenditures To Date

\$ 111.01

**(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) DIANA ZAMBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambernardi  
Signature

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

(Type name) LOUIS CARAVELLA

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

**X** Louis Caravella  
Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name LOUIS CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 1 0 1 1 0 9 through 9 1 3 0 1 0 9

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
7107109	LOU CARAVELLA 2700 SUNRISE LK. S.W. SUNRISE FL 33022	I	R	CASH			10.00
/ /							
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09 OCT -7 AM 9:18  
 CITY CLERK  
 CITY OF SUNRISE

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

(1) LOUIS CARAVELLA  
Name

(2) 2700 SUNRISE LAKES DR W.  
Address (number and street)

SUNRISE, FL. 33322  
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 1 01 109 To 12 31 109 Report Type Q4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ -

Loans \$ -

Total Monetary \$ -

In-Kind \$ -

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ -

Transfers to Office Account \$ -

Total Monetary \$ -

09 DEC 31 AM 11:28  
CITY CLERK  
CITY OF SUNRISE

(8) Other Distributions \$ -

(9) TOTAL Monetary Contributions To Date  
\$ 5850.00

(10) TOTAL Monetary Expenditures To Date  
\$ 111.01

**(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.

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

(Type name) DIANA ZAMBERNARDI

(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

X Diana Zambenardi  
Signature

X Louis Caravello  
Signature

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

(1) LOU CARAVELLA  
Name  
(2) 2700 SUNRISE LAKES DR W  
Address (number and street)  
SUNRISE FL 33322  
City, State, Zip Code

OFFICE USE ONLY  
10 SEP 17 PM 1:46  
CITY CLERK  
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

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

CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 07/01/10 To 09/10/10 Report Type G1

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1990.00  
Loans \$ 100.00  
Total Monetary \$ 2090.00  
In-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3479.86  
Transfers to Office Account \$ \_\_\_\_\_  
Total Monetary \$ 3479.86

(8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 11,190.00

(10) TOTAL Monetary Expenditures To Date

\$ 3955.97

(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) DIANA ZAMBERNARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Diana Zambernardi  
Signature

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

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

X Lou Caravella  
Signature

Diana Zambernardi

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Lou Caravella (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 1 1 10 through 9 1 10 10 (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
7 1 14 10 1	R+S CALAMIOS 10334 BOCA SPRINGS DR. BOCA RATON, FL 33428	I	RET	CK			250.00
7 1 21 10 2	MR & MRS R DOMINGUEZ 2475 SWANSON AVE MIAMI FL 33133	I	Sls Rep	CK.			200.00
7 1 21 10 3	UCI PAINTS 1320 N.W. 23 AVE FT. LAUDERDALE. FL. 33311	B	PAINTING	CK.			500.00
8 1 5 10 4	S. JAMES ELLISON 4974 S.W. 76 ST MIAMI FL 33143	I	RET	CK.			200.00
8 1 5 10 5	ARMANDO FERNANDEZ 1115 S.W. 17 CT MIAMI FL 33184	I	Supervisor	CK.			200.00
8 1 5 10 6	LOU CARAVELLA 2700 SUNRISE LAKES DR. W. SUNRISE FL 33322	I	RET	LOA			50.00
8 1 14 10 7	CIA 100 NE 3 AVE FT. LAUDERDALE FL 33301	B	INS.	CK			500.00
8 1 14 10 8	SPF 3210 SE 10 ST POMPANO BEACH, FL	B	Roofing	C			100.00

10 SEP 17 PM 1:46  
CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name LOU CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 1 1 1 0 through 9 1 1 0 1 1 0 (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		
8 1 2 8 1 1 0	Josephine VALENTI 8081 SUNRISE LAKES DR. W SUNRISE FL 33322	I	RET	CK			40.00
9							
8 1 2 8 1 1 0	LOU CARAVELLA 2700 SUNRISE LAKES DR W. SUNRISE FL 33322	I	RET	COA			50.00
10							
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10 SEP 17 PM 1:46  
 CITY CLERK  
 CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Leu CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/1/10 through 9/10/10

(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
7/14/10	MOVIN ON TEES 3161 OAKLAND PARK BLVD. OAKLAND PARK FL 33311	CAMPAIGN SHIRTS	MON		450.00
1					
7/19/10	WHOLESALE PRINTERS	PRINT MATERIAL FOR CAMP.	MON		212.00
2					
8/3/10	LION PRESS 1913 W. COPANS RD POMPANO BEACH FL 33064	CAMPAIGN FLYERS	MON		87.62
3					
8/16/10	SIGNS NOW 2752 N. UNIVERSITY DR SUNRISE FL 33222	Campaign Sign	MON		18.00
4					
1/1	CITY OF SUNRISE 10770 W. OAKLAND AVE. SUNRISE, FL 33351	Qual. App	MON		2718.24
1/1					
1/1					
1/1					

10 SEP 17 PM 1:47  
CITY CLERK  
CITY OF SUNRISE

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

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

**OFFICE USE ONLY**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): City Comm.

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 01 1 01 110 To 03 1 31 110 Report Type P1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ —  
Loans \$ —  
Total Monetary \$ —  
In-Kind \$ ✓

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ —  
Transfers to Office Account \$ —  
Total Monetary \$ —

CITY CLERK  
CITY OF SUNRISE  
10 APR - 8 AM 11:50

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 5850.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 111.01

**(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.

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

(Type name) DIANA ZAMBERNARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X** Diana Zambernardi  
Signature

**X** Louis Caravella  
Signature

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

(1) Louis CARAVELLA  
Name  
(2) 2700 SUNRISE LAKES DR. W  
Address (number and street)  
SUNRISE FL 33322  
City, State, Zip Code

**OFFICE USE ONLY**

10 JUL -7 AM 11:18  
CITY CLERK  
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): CITY COMM. GROUP C  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/10 To 6/30/10 Report Type P2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1050.00  
 Loans \$ 2200.00  
 Total Monetary \$ 3250.00  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 365.10  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 365.10

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 9576.20

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 476.11

**(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) Diana Zambenardi  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Diana Zambenardi  
Signature

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

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

Louis Caravella  
Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Louis Caravella (2) I.D. Number \_\_\_\_\_

(3) Cover Period 41110 through 6130110 (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	Contribution Type	In-kind Description	Amendment	Amount
514110 1	Louis Caravella 2700 Sunrise Lakes DLW Sunrise, FL 33322	I	RET	LOA			300.00
514110 2	R. Laino 799 Higbee Lane W. Islip, NY 11795	I	RET	CAS			50.00
5114110 3	Thomas Cottler PVC Prop. Inc. 2590 H. Wood Blvd Hollywood FL 33020	B	INS.	CHE			500.00
5114110 4	Louis Caravella 2700 Sunrise Lakes DLW Sunrise FL 33322	I	RET	LOA			1000.00
6117110 5	John Corrieri 8639 Little Neck Pkwy Floral Pk, N.Y 11001	I	RET	CHE			500.00
6123110 6	Lou Caravella 2700 Sunrise Lakes DLW Sunrise FL 33322	I	RET	LOA			900.00
1 1							
1 1							

10 JUL -7 AM 11:19  
CITY CLERK  
CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Louise CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4/10/10 through 06/30/10

(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					
6/18/10	Signs Now 2752 N UNIVERSITY DR SUNRISE FL 33322	CAMPAIGN SIGNS	Mon		90.10
1					
6/25/10	MOVIE ON TEES 3161 W. OAKLAND PK Blvd STE 74 OAKLAND FL 33311	CAMPAIGN T-SHIRTS	Mon		275.00
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CITY CLERK  
 CITY OF SUNRISE  
 10 JUL -7 AM 11:18

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

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

**OFFICE USE ONLY**

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

(3) ID Number: \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

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

**(5) REPORT IDENTIFIERS**

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

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 165.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ 165.00  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 66.25  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 66.25

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ 11355.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 4022.20

**(11) CERTIFICATION**

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

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

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

**X** David Zankovard  
Signature

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

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

**X** Low Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Lou Carnovella

(2) I.D. Number \_\_\_\_\_

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

(4) Page 1 of 1

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

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

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LOW CARAVELLA

(2) I.D. Number \_\_\_\_\_

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

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/11/10	Josie Caravella 2700 Sunrise Lakes Dr W Sunrise FL 33322	Stamps, Stationery	Mon	A	66.25
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CITY CLERK  
 CITY OF SUNRISE  
 10 OCT 15 PM 1:24

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

(1) LOU CARAVELLA  
Name

(2) 2700 SUNRISE LAKES DR W  
Address (number and street)

SUNRISE FL 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Commissioner C

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

CITY CLERK  
CITY OF SUNRISE  
10 SEP 30 AM 11:36

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/11/10 To 9/24/10 Report Type G2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 150.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 150.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 66.25

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 66.25

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 11340.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 4022.22

**(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) DIANA ZAMBERNARDI

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambernardi  
Signature

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

(Type name) LOU CARAVELLA

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

**X** Lou Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Lou CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 1 11 110 through 9 124 110 (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		Amount
9 1 17 110	FRANCES LINGUIST 9656 MAJESTIC WAY BOYNTON BEACH, FL 33437	I	RET.	CK			25.00
1							
9 1 17 110	ANTHONY R DiSalvio 10-01 125 ST College Point, N.Y. 11356	I	RET	CK			25.00
2							
9 1 19 110	Louise NATALIE GUARA SCIO 1828 MAYFLOWER AVE BRONX, N.Y. 10461	I	RET	CK			100.00
3							
1 1							
1 1							
1 1							
1 1							
1 1							

10 SEP 30 AM 11:36  
 CITY CLERK  
 CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Lou Caravella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9/1/10 through 9/24/10

(4) Page 1 of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/15/10	JOSIE CARAVELLA 2700 SUNRISE LAKES DR W SUNRISE FL. 33329	STAMPS, STATIONERY	MON		66.25
///					
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CITY CLERK  
 CITY OF SUNRISE  
 10 SEP 30 AM 11:36



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

(1) LOU CARAVELLA  
Name  
(2) 2700 SUNRISE LAKES DR. W  
Address (number and street)  
SUNRISE FL 33322  
City, State, Zip Code

**OFFICE USE ONLY**

CITY CLERK  
CITY OF SUNRISE  
10 OCT 14 AM 10:40

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): COMMISSIONER "C"  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 124 10 To 10 18 10 Report Type G3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 40.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ 40.00  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 11380.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4022.22

**(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) DIANA ZAMBERNARDI  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambernardi  
Signature

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

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

**X** Lou Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Lou CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 1 24 110 through 10 1 08 110 (4) Page 1 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
9 1 24 110	William C. Sikoryk Trustee 21 Brenton Pl STATEN ISLAND N.Y. 10314	I	RET	CK			15.00
1							
10 1 01 110	Joseph Martino 70 38 St Islip, N.Y. 11751	I	RET	CK			25.00
2							
1 1							
1 1							
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1 1							

10 OCT 11 AM 10:40  
 CITY CLERK  
 CITY OF SUNRISE

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

**OFFICE USE ONLY**

(1) Loe Caravella  
Name

(2) 700 Sunrise Lakes Dr W  
Address (number and street)

SUNRISE FL 33074  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Comm "C"

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

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

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 125 1 10 To 10 18 10 Report Type Amend

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 25.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 25.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 11380.00

(10) TOTAL Monetary Expenditures To Date

\$ 4000.00

**(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) Diana Zambonardi  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Diana Zambonardi  
Signature

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

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

**X** Loe Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name LOU CARAVELLA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 25, 10 through 10, 08, 10 (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
10/01/10	Joseph Martino	I	Ret	CK		A	25.00
/ /							
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/ /							
/ /							
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/ /							

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

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

OFFICE USE ONLY

CITY CLERK  
CITY OF SUNRISE  
10 OCT 29 PM 12:48

(1) LOU CARAVELLA  
Name

(2) 7700 Sunrise Lakes Dr W  
Address (number and street)

SUNRISE FL 33322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Group C

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10109110 To 10128110 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 4226.90

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 4226.90

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 12480.00

(10) TOTAL Monetary Expenditures To Date

\$ 8249.12

**(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.

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

(Type name) DIANA ZAMBERNARDI

(Type name) Lou Caravella

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X** Diana Zambenardi  
Signature

**X** Lou Caravella  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Lou Caravella

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 109 110 through 10 128 110

(4) Page 1 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							
10 112 110	STANLEY COFFA 10360 NW 30 CT SUNRISE FL 33325	I	Ret	CK			500.00
1							
10 112 110	LAWRENCE WYSECKI 2751 SUNRISE LAKES DR E SUNRISE, FL 33322	I	Ret	CK			100.00
2							
10 118 110	GPF SYSTEMS 3210 DE 10 ST UNIT 5D POMPANO BEACH FL 33062	B	Loop Co.	CK			500.00
3							
1 1							
1 1							
1 1							
1 1							
1 1							

10 OCT 29 PM 12:48  
CITY CLERK  
CITY OF SUNRISE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LOU CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/09/10 through 10/28/10

(4) Page 1 of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/15/10 1	LOU CARAVELLA 2700 SUNRISE LAKE DR W SUNRISE FL 33322	Campaign Meeting	Mon		39.29
10/15/10 2	SO. FLA. SIGN CO 2100 N. POWERLINE RD POMPANO BEACH FL 33069	Campaign Signs	Mon		3105.80
10/20/10 3	THE JEWISH JOURNAL 201 LAS OLIVAS BLVD FT LAUDERDALE FL 33301	Campaign Ad.	Mon		327.69
10/27/10 4	LOUIS CARAVELLA 2700 SUNRISE LAKE DR W SUNRISE FL 33322	Campaign Supplies	Mon		754.12
1 1					
1 1					
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1 1					

CITY CLERK  
 CITY OF SUNRISE  
 10 OCT 29 PM 12:48

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

**OFFICE USE ONLY**

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

(3) ID Number: \_\_\_\_\_

CITY CLERK  
CITY OF SUNRISE  
11 JAN -5 AM 10:02

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): Commissioner Group C?  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 129 110 To 12 131 118 Report Type TR  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ 0  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 4230.88  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 4230.88

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 12,480.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 12,480.00

**(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) Diana Zambenardi  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Diana Zambenardi  
Signature

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

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

X Lou Caravello  
Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LOUIS CARAVELLA

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/29/10 through 12/31/10

(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
11/24/10 1	LOU CARAVELLA 2700 SUNRISE LAKES DRW SUNRISE FL 33322		MON		2250.00
11/24/10 2	BROWARD CNTY DEMOCRATIC CLUB NORTH HILL ROAD SUNRISE FL 33351		MON		300.00
12/7/10 3	BANK UNITED 6941 W. BROWARD BLVD PLANTATION FL		MON		30.00
12/7/10 4	DIANE RUBINSTEIN 9214 NW 48 ST SUNRISE FL 33351		MON		150.00
12/7/10 5	BOY CLUB OF NEW YORK 287 E 10 ST NEW YORK, N.Y 10009		MON		1380.88
12/7/10 6	BOYS CLUB OF NEW YORK 287 E 10 ST NEW YORK, NY 10009		MON		120.00
1/1					
1/1					

11 JAN -5 AM 10:03

CITY CLERK  
CITY OF SUNRISE