

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

(1) Joseph Scrotto  
Name

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

Sunrise, FL 33323  
City, State, Zip Code

OFFICE USE ONLY

08 JUL 10 AM 9:42  
CITY CLERK  
CITY OF SUNRISE

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

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): MAYOR

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 / 08 To 6 / 30 / 08 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

**(8) Other Distributions** \$ 0

**(9) TOTAL Monetary Contributions To Date**  
\$ 100

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Marie Scrotto  
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 [Signature]  
Signature