

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

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
08 OCT 10 AM 10:57

(1) Joseph Scoffo
Name

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

SUNRISE, FL. 33323
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(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 7/1/08 To 9/30/08 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0

Total Monetary \$ 500.00

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

\$ 600.00

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Marie Smith
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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

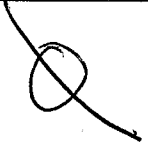
(1) Name _____ (2) I.D. Number _____

(3) Cover Period 7, 1, 08 through 9, 30, 08 (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, 08	FOP Lodge #4 P.O. Box 450086 Sunrise, FL 33345	B	Assoc.	che			500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____ (2) I.D. Number _____
 (3) Cover Period 7, 1, 08 through 9, 30, 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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					