

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

(1) Glasser, Craig Steven

(2) \_\_\_\_\_

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

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

CITY CLERK  
CITY OF SUNRISE  
10 JAN 11 PM 12:56

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Group 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 10/1/09 To 12/31/09 Report Type Q4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ —

Loans \$ —

Total Monetary \$ —

In-Kind \$ 212.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 40.00

Transfers to Office Account \$ —

Total Monetary \$ —

**(8) Other Distributions**

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

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

\$ 812.00

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

\$ 40.00

**(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)

Lori Ann Glasser

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Lori Ann Glasser

Signature

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

(Type name)

Craig Steven Glasser

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

Craig Steven Glasser

Signature

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

(1) Name Glasser, Craig Steven (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 09 through 12 / 31 / 09 (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		
10, 27, 09	Glasser, Lori 8028 NW 41 CT - Sunrise 33387	INK	Retired Disabled	INK	Photo- graphy	-	212.00
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 CITY OF SUNRISE

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

(1) Name Glasser, Craig Steven

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

(3) Cover Period 10/01/09 through 12/31/09

(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					
12/31/09	Bank Atlantic PO BOX 8668 Fort Lauderdale FL 33310	Bank charges	MOB		40.00
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 CITY OF SUNRISE