

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

CITY CLERK
 CITY OF SUNRISE

10 SEP 17 PM 4:45
 OFFICE USE ONLY

(1) ROGER WISNER
 Name

(2) 1918 NW 13th 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): CITY COMMISSION - 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 9 / 8 / 10 To 9 / 10 / 10 Report Type GA

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 5000.00

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2718.24

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 5000.00

(10) TOTAL Monetary Expenditures To Date
 \$ 2718.24

(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) ROGER WISNER
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
 Signature

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

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

X
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROGER WISCHNISK

(2) I.D. Number _____

(3) Cover Period 9/8/10 through 9/10/10

(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
9/8/10	CITY OF SUNRISE 10770 W OAKLAND PK SUNRISE, FL 33351	QUALIFYING FEE	MON		\$ 2718.24
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