

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

(1) John Tomas Fusaro  
Name

(2) 11360 N.W. 41st St.  
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 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

OFFICE USE ONLY

11 JAN 10 AM 11:29  
CITY CLERK  
CITY OF SUNRISE

**(5) REPORT IDENTIFIERS**

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

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 570.68

Loans \$ 318.15

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

In-Kind \$ 888.83

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 523.49

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

Total Monetary \$ 523.49

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

(9) TOTAL Monetary Contributions To Date

\$ 888.83

(10) TOTAL Monetary Expenditures To Date

\$ 523.49

**(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) John Fusaro

(Type name) John Fusaro

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X** [Signature]  
Signature

**X** [Signature]  
Signature

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

(1) Name John Fusaro

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

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

(4) Page 1 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					
11/05/10 1	Regions Bank 10001 W. Oakland Park Blvd. Sunrise, Fl. 33351	CHK.	MON		53.37
11/12/10 2	AT & T Wireless Atlanta, Ga.	Campaign Phone	MON		30.74
11/26/10 3	Restaurant.com P.O. Box #69 Elk Grove Village, IL 60009	Fundraiser	MON		160.00
12/01/10 4	Overnight Prints.com	Business Cards	MON		24.20
12/17/10 5	Blue Cotton.com P.O. Box 51882 Bowling Green, KY 42102	T-Shirts	MON		110.56
12/20/10 6	National Pen 342 Shelbyville Mills Rd. Shelbyville, TN 37162	Pens	MON		65.90
12/20/10 7	Blue Cotton.com P.O. Box 51882 Bowling Green, KY 42102	T-Shirt	MON		27.95
12/20/10 8	Vista Prints 95 Hayden Avenue Lexington, MA 02421	Letterhead	MON		26.79



# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Fusaro

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

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

(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
10 / 22 / 10	John Fusaro 11360 N.W. 41 <sup>st</sup> St. Sunrise, Fl. 33323	I	Manager	Loan			\$100.00
1							
11 / 5 / 10	Regions Bank 10001 W. Oakland Park Blvd. Sunrise, Fl. 33351	B		Ref			\$53.37
2							
11 / 22 / 10	John Fusaro 11360 N.W. 41 <sup>st</sup> St. Sunrise, Fl. 33323	I	Manager	Loan			\$200.00
3							
11 / 29 / 10	Bill Sorrells 9359 S.W. 66 <sup>th</sup> Loop Ocala, Fl. 34481	I	Retiree	Cash			\$50.00
4							
12 / 01 / 10	Pay Pal San Jose, California	B		Cash Account Verification			.31
5							
12 / 5 / 10	Clarkson P.O. Box 161 Rising Sun, MD 21911	I	Housewife	Cash			16.00
6							
12 / 5 / 10	Lewis Martz 1790 W. 49 <sup>th</sup> St. #210 Hialeah, Fl. 33012	I	Att.	Check			\$250.00
7							
12 / 5 / 10	Chilson 224 Main St. S. Stillwater, MN. 55082	I	Housewife	Cash			\$16.00
8							

11 JAN 10 AM 11:30  
CITY OF SUNRISE  
CITY CLERK

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

(1) Name John Fusaro (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 10 through 12 / 31 / 10 (4) Page 2 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		Amount
12, 5, 10	McClung 526 Logan Ave. Fl. 2 Bronx, N.Y. 10465	I	Housewife	Cash			\$ 19.00
9							
12, 06, 10	Daniel Fusaro 620 N.W. 19th St. N. Miami, Fl. 33169	I	Occupational therapist	Check			\$ 100.00
10							
12, 10, 10	John Fusaro 21861 S. Heritage Circle Pembroke Pines, Fl. 33029	I	Manager	Check			\$ 50.00
11							
12, 12, 10	Bueck 316 Millspaugh St. #J52 San Angelo, TX 76901	I	Housewife	Mon			\$ 16.00
12							
12, 17, 10	John Fusaro 11360 N.W. 41st St. Sunrise, Fl. 33323	I	Manager	Loan			18.15
13							
1							
1							
1							
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