FLORIDA DEPARTMENT OF S CAMPAIGN TREASUR	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY
(1) John Foscio Name (2) 11360 w.w. 415 st. Address (number and street)	OFFICE USE ONLY 12 NOV 14
Sunruise Fl. 33325 City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	
(4) Check appropriate box(es):  Candidate (office sought):  Political Committee  Committee of Continuous Existence  Party Executive Committee  Electioneering Communication	
(5) REPORT	IDENTIFIERS
Cover Period: From 11 / 2 / 12 To  Original Amendment Special Election	n Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$	Monetary Expenditures \$ 56.37
Loans \$	Transfers to Office
Total Monetary \$	Total
In-Kind \$	Monetary \$56 · 3 7
	(8) Other Distributions  \$
(9) TOTAL Monetary Contributions To Date \$7783.6\	(10) TOTAL Monetary Expenditures To Date \$
(11) CERT	IFICATION
correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name)  Individual (only or electioneering commun.)  Treasurer Deputy Treasurer	(Type name) Chairperson (only for PC, PTY & electionsering commun. organization)
Signature	X Signature
DS-DE 12 (Rev. 08/04)	- 3

Control of the contro

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) John Fusaro	OFFICE USE ONLY N				
Name (2) 11360 D.W. 41 St. Address (number and street)	OUT OF				
Sunrise Fl. 33323 City, State, Zip Code	CLERK SUNRI				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):  Candidate (office sought):  Political Committee  Committee  Committee of Continuous Existence  Party Executive Committee					
L Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
	IDENTIFIERS				
_	11 / 13 / 12 Report Type T2				
☑ Original ☐ Amendment ☐ Special Election					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 21.33				
Loans \$	Transfers to Office Account \$ —				
Total Monetary \$	Total Monetary \$ 21.33				
In-Kind \$					
	(8) Other Distributions \$ვて・0억				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 7767,28				
	IFICATION				
	con 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) bw + 5wo Individual (only for electioneering commun.)	(Type name) 2000 FUSOVO Chairperson (only for PC, PTY & electioneering commun. organization)				
Signature 🤍	Signature				

(1) Name Sound CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number TR						
(3) Cover Perio	d 11 / 2 / 12 through 11	12/12 (	1) Page	of _		
(5) Date (6) Sequence Number	(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)	(11)	
11/06/12	Japa Facebook. com	Adventisement	Dabit Cosh		21.33	
11/13/12	John Fusaro 11360 www. 415tst. Sunrise, Fl. 33323	Repayment of loan	Cash		35-04	
/ /			:			
//					CITY OF SU	
//					MRISE NRISE	
/ /						
/ /						
/ /						

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Fusaro	OFFICE USE ONLY					
Name	OFFICE USE ONE!					
(2) 11360 ルル・リジ of . Address (number and street)						
Sunder Fl. 33323	A S					
City, State, Zip Code	——   ==					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	Commission Group A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING					
	COMMUNICATION REPORTS WILL BE FILED					
	IDENTIFIERS					
Cover Period: From 10 / 13 / 12. To	11 / 1 / 12 Report Type 64					
☐ Original ☐ Amendment ☐ Special Electio	n Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 100.00	Monetary Expenditures \$ \( \frac{10.23}{}					
Loans \$	Transfers to Office Account \$					
Total Monetary \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total					
In-Kind \$	Monetary \$					
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ つつみつ えん					
(11) CERT	IFICATION					
It is a first degree misdemeanor for any pers	on 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)  Individual (only for electioneering commun)  X  Signature	(Type name)  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)					
DS-DE 12 (Rev. 08/04)	Signature					

The second of th

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS (*)  CAMPAIGN TREASURER'S REPORT SUMMARMUSES					
(1) John Fusaro Name	12 NOTFLEE WAT PINGS				
(2) 11360 N.W. 415 St.  Address (number and street)  Sunvise Fl. 33323  City, State, Zip Code	CITY CLERK' CITY OF SUNRISE!				
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):    Candidate (office sought):					
(5) REPORT	COMMUNICATION REPORTS WILL BE FILED IDENTIFIERS				
	11 / 1 / 12 Report Type <u>G4</u>				
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$ \$ 160.66	Monetary Expenditures \$				
Loans \$  Total Monetary \$ 4 100 - 00	Transfers to Office Account \$				
Total Monetary \$	Total Monetary \$ \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$ <u>つつみ2.30</u>	(10) TOTAL Monetary Expenditures To Date \$ <u>つつし</u> 。				
(11) CERTI					
It is a first degree misdemeanor for any person l certify that I have examined this report and it is true, correct, and complete.	on 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) John FUSARD  Individual (only for electioneering commun.)  X (Type name) John FUSARD  (Type name) John FUSARD					
Signature	Signature				

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name_	John	Fusaco	(2) I.D. Numb	er <u>69</u>
/3) Cover F	Period 10 / 13 /	12 through 11 / 1	/ \2_ (4) Page	1 of /

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/15/12	Scuottos Pizza	Campaisn Meeting	Debit		125.39
1				·	
10/22/12	University Vale	Gas	Debit		\$7.36
2					
10/23/12	U-Hasl	Truck Retal	Debi+		\$44.21
10/25/12	Facebook	Campaign Ad	Debit		\$ 28.61
4			Debit		4 . 2 . 0 . 0
10/29/12	stamps. com	Stamps	Debit		\$15.99
5					
10/30/12	mimmo Daily	Campaisn Moeting	Debit		\$ 27.53
6		G (			
10/30/12	Facebook	Campuign	Debit		\$ 26.20
10/31/12	Monthly Fee region	monthly tee	Och.7		\$ 15.00
8					

(1) Name	John 1	USa	<u></u>	(2	) I.D. Numbe	r <u> </u>	
(3) Cover Perio	od 10 / 13/1	2 th	rough [1]	1 / 12	(4) Dom	,	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	of (12)
(6) Sequence Number	(Last, Suffix, First, Midd Street Address & City, State, Zip Code	Туј	Contributor	Contribution Type	In-kind Description	Amendment	
10/16/12	Brion Davis 2661 S.W. 87th	erc T	- Police Officer Captain		Description	Amenument	Amount
<u> </u>	2661 S.W. 87th 7 Davie, Fl. 3332	13	Cartain				
1 1			J. S. BLACK				
					į		ž.
1 1							
							•
1 1							
							12 NOV
1 1							CITY OF SUNIN
	- 1						TESE SE
1 1							0
				÷			
1 1							
1 1							,
S-DE 13 (Rev. 08/03)		SEE RE	VERSE FOR INS	TRUCTIONS AN	ID CODE VALUE	s	

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) John Fusaro  Name (2) 11360 N.W. 415tst.  Address (number and street)  Sunruse Fl. 33323	OFFICE USE ONLY  OFFICE USE ONLY			
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):  Candidate (office sought): Sunct stell Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	(3) ID Number:  Commission Croup 14  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
	IDENTIFIERS  IO / \2 / \2 Report Type			
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$  Loans \$  Total Monetary \$  In-Kind \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$   Transfers to Office Account \$   Total Monetary \$			
III-Kiild •	(8) Other Distributions \$			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ <u>7537.0</u>			
It is a first degree misdemeanor for any pers  I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (on for electioneering commun.)  X  Signature				

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) John Fusaro	OFFICE USE ONLY			
Name ,				
(2) 11360 N.W. 415 St.	<del></del>			
Address (number and street) Sun rise , Fl. 33323	<b>12 0</b> 0			
City, State, Zip Code	— <u> </u>			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):	3 NRK			
☑ Candidate (office sought): Suncise	Commission Group A			
Political Committee	Oneck if PC has bisbanded			
<ul><li>☐ Committee of Continuous Existence</li><li>☐ Party Executive Committee</li></ul>	CHECK IF CCE HAS DISBANDED			
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING			
	COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT				
	10 / 12 / 12 Report Type <u>(3</u>			
	Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$	Monetary Expenditures \$			
Loans \$ 106.06	Transfers to Office Account			
Total Monetary \$ 100 66	Total			
In-Kind \$	Monetary \$			
	(8) Other Distributions			
	\$			
(9) <sup>°</sup> TOTAL Monetary Contributions To Date \$ <u>7 6 22 36</u>	(10) TOTAL Monetary Expenditures To Date \$ <u>7520.68</u>			
(11) CERT	FICATION			
It is a first degree misdemeanor for any pers				
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	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
x Ol Lo	X Ol Si			
Signature	Signature			

(1) Name <u> </u>	CAMPAIGN TREASURER'S RE ohn Fusaro		) EXPENDIT 2) I.D. Numbe		
(3) Cover Perio	d <u>09 / 29 / 12</u> through <u>10</u>	112/12	4) Page	1of_	
(5) Date (6) Sequence Number	(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)
///	Nothing to 1	Lopoet			<del></del>
/ /	۵				<b>7</b>
/ /					CITY CLERY CITY OF SUNR
/ /					<u> </u>
/ /					
/ /					
//					
//					:

(1) Name	John Fusai		(2)	I.D. Number		
(3) Cover Period	09/29/12	through 10 /	12/12	(4) Page	J	of (
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9) - Contribution	(10)	(11)	(12)
Number 10,09,12 001	City, State, Zip Code  John Fosaro 11360 N.W. 4134.  Sunrise, Fl. 33323	Type Occupation Candidale	Loan	Description	Amendment	Amount   00.00
1 1						<b>1</b>
I I					2 OCT 19 PM	CITY OF SUN
1 1					2: 02	RK' RISE
/ /						
J						
. 1 1						
J J						

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY
(1) John Fusaro  Name (2) 11360 N.W. 418 St.  Address (number and street)  Sunvise Fl. 33323	OFFICE USE ONLY  OFFICE USE ONLY  OFFICE USE ONLY  OFFICE USE ONLY  A  OFFICE USE ONLY  A
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):    Candidate (office sought): Sunction     Political Committee     Committee of Continuous Existence     Party Executive Committee     Electioneering Communication	
(5) REPORT	IDENTIFIERS
Cover Period: From <u>09</u> / <u>15</u> / <u>12</u> To	69 / <u>28 / 12</u> Report Type <u>62</u>
☐ Original 👿 Amendment ☐ Special Election	n Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT  Monetary
Cash & Checks \$	Expenditures \$ 36.99
Loans \$O	Transfers to Office Account \$ —
Total Monetary \$	Total Monetary \$ —
In-Kind \$ O	
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$うらろう。の\
· · · · · · · · · · · · · · · · · · ·	IFICATION
I certify that I have examined this report and it is true, correct, and complete.	on 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 commen.  The pressurer is the pressurer in	(Type name)
Signature	Signature W

e entre de modernes durantes combe establishes de tradeció de longe entre de longe entre de longe entre de la description de la defensión de l

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Fusaro Name	OFFICE USE ONLY					
(2) 11360 N.W. イプライ. Address (number and street)	CITY CLERK' CITY OF SUNRISE'					
Sungise Fl. 33323 City, State, Zip Code	12 OCT -5 PM 2: 06					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING						
(5) REPORT	COMMUNICATION REPORTS WILL BE FILED  IDENTIFIERS					
Cover Period: From 9 / 15 / 12 To	9 / <u>28 / 12</u> Report Type <u>C2</u>					
Original Amendment Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 30.99					
Loans \$	Transfers to Office Account \$ —					
Total Monetary \$	Total Monetary \$ 30 99					
In-Kind \$						
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 7,522.30	(10) TOTAL Monetary Expenditures To Date \$ 7520.68					
(11) CERT						
It is a first degree misdemeanor for any personal 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)  ON  FUSATO  Individual (only for electioneering commun.)  X  Treasurer Deputy Treasurer	(Type name) John Fusice (Chairperson (only for PC, PTY & electioneering commun. organization)					
Signature	Signature					

3) Cover Perio	d 09/15/12		. 0	20	2) I.D. Number		
(5)	(7)	throu			(4) Page	í t	of
Date	Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address &		ontributor	Contribution	In-kind		
Tarriber	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amoun
1 1							/ Willout
	1						
	No	1/6	Histy				
/ /						į	
			-		·		
		ļ			ŀ		
/ /							
		1				ļ	•
ļ							
1 1							
		l					
1							
							べ
							· <b>8</b> ≘
							<b>4</b> 7
, ,							<u>,                                    </u>
				1			32 5
							RISE:
							RISE: 2: 06
//							
		·					
1							
						•	
E 13 (Rev. 08/03)							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name John Fusaro (2) I.D. Number (3) Cover Period 9 / 15 / 12 through 9 / 28 / 12 (4) Page \ (5) (7) (8) (9) (10) (11) Date **Full Name Purpose** (Last, Suffix, First, Middle) (6) (add office sought if Street Address & Sequence contribution to a Expenditure City, State, Zip Code Number candidate) Type Amendment Amount Stamps. com 12959 Cond The Pl. 9/27/12 Debit Los Angoles, CA 90066 Regions Bank Account 10001 W. Oakland Rut AW. Fee 001 Debit 1500 Sunrise, Fl. 33351 DS-DE 14 (Rev. 08/03)

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) John Fusaro  Name (2) 11360 N.W. 41st St.  Address (number and street)  Sunruse F1 33323  City, State, Zip Code	OFFICE USE ONLY  OFFICE
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:
	IDENTIFIERS  OP / 14 / 12 Report Type C1  Report □ Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT           Cash & Checks         \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 77.97  Transfers to Office Account \$ 6  Total Monetary \$ 77.97
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ うらし。 〇分
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for electioneering commun.)  Signature  (11) CERTI	

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Fusaro  Name (2) 11360 N.W. 41 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OFFICE USE ONLY  12 SEP 21 PM					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:					
· ·	IDENTIFIERS					
	9 / 14 / 12 Report Type 67					
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 31-92					
Loans \$	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$ 31.92					
In-Kind \$						
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ <u>フ, ち ユュ 3 0</u>	(10) TOTAL Monetary Expenditures To Date \$ <u> </u>					
(11) CERT						
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete  (Type name)  Individual (only for electioneering-commun.)  X  Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate  Chairperson (only for PC, PTY & election eering commun. organization)  X  Signature					

(1) Name				D EXPENDI (2) I.D. Numbe	TURES	1	
	od 8 / 10 / 12 through	9	. 10 10	(4) Page	of_		
(5) Date	(7) Full Name		(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
9/4/12	Scuottos Pizz	200	Campaign Meeting	Mon		2 :	
001			Meeting	2.1		31.92	
//							
		<u> </u>				** <b>7</b>	
11						OITY C	
						- PH	
//						ERK UNRISE PM 12: 40	
//				·			
//							
11							
//							
DS-DE 14 (Rev. 08/0	33)						

(1) Name	John Fusaro	P	(2)	I.D. Number	G1	······································
(3) Cover Period	8/10/12	through 9 /	14/2	(4) Page	1 6	of (
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)					
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution	In-kind	Amendment	<b>A</b>
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount
	•			1		
	No-H	ring to	depor	<i>t</i>		
. 1			•	,		
					্ন	
				***************************************	SEP	017 02 10 10 10 10 10 10 10 10 10 10 10 10 10
· / /			·		2	유국
·			,		3	SUNICER
					21 PM 12: 4 1	R R
1 1					© <b>-1</b> -	
,						·
					·	
	· •				,	
				!		
,,						
1 1						
, ,						
	1	I	L	L		<u></u>

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) John Fusaro  Name (2) 11360 N.W. 415 St.  Address (number and street)  Sunkise Fl. 33323	OFFICE USE ONLY  A  OFFICE USE ONLY  OFF
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):	(3) ID Number:
X Candidate (office sought): Soncise     Political Committee     Committee of Continuous Existence     Party Executive Committee     Electioneering Communication	Commission Croop A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 10 / 01 / 10 To  Original X Amendment Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 3 5 2 . 31	Monetary Expenditures \$ 533.49
Loans \$ 450.66	Transfers to Office Account \$
Total Monetary \$ 852.31	Total Monetary \$ 523.49
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$ <u>523 49</u>
(11) CERTI It is a first degree misdemeanor for any pers	•
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)  Individual (only for electioneering commun.)  Signature  Toky  FUSCIO  Deputy Treasurer  Deputy Treasurer	(Type name) 3 hv - 05000  Candidate

WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY
(PLEASE TYPE)	
	)
Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name  11360 N.W. 415 St.  Address (Number and Street)  Suncise Fl. 33323 City State Zip Code	Identification Number (Assigned by Division of Elections)  Commissioner Croup A  Office Sought (Include District, Circuit or Group Number)
Candidate Committee of Continuous Existence	Check box if address has changed since last report.
Political Committee Party Executive Committee	
TYPE OF I (Check Appro	
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION
☐ January ☐ 32nd day prior	☐ 46th day prior
☐ April ☐ 18th day prior	☐ 32nd day prior
☐ July ☐ 4th day prior	☐ TERMINATION REPORT ☐ 18th day prior
☑ October	☐ 4th day prior
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPORTING PERIOD OF
	igh <u>9.30.10</u>
X Al S	10 6 10
Signature	
SIGNATURES REQUIRED FOR: Candidates	
Candidate, Campaign Political Committees Chairman, Campaign Committees of Continu Treasurer (s. 106.04(4 Party Executive Comm Treasurer or Chairman	4)(c), F.S.) ittees n (s. 106.29(2), F.S.)
In any reporting period when there has been no activity in the required report is waived. However, the filing officer muthat no report is being filed.	he account (no funds expended or received) the filing of ust be notified in writing on the prescribed reporting date

FLORIDA DEPARTMENT OF STA	- meth					
(1) John Fusaro	OFFICE USE ONLY R					
Name (2) 1/360 N.W. 41 St.  Address (number and street)  Surveise, Fl. 33323  City, State, Zip Code	T CLERK OF SUNRISE -6 AM II: 38					
	(3) ID Number:					
☐ CHECK IF ADDRESS HAS CHANGED  (3) ID Number:  (4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT I	DENTIFIERS					
Cover Period: From 10 / 01 / 10 To	12 / 31 / (O Report Type Q4					
☐ Original X Amendment ☐ Special Election	Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$603.09	Monetary Expenditures \$ 523.49					
Loans \$ <u>300.00</u>	Transfers to Office Account \$					
Total Monetary \$ 903.09	Total Monetary \$					
In-Kind \$						
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ <u>903.09</u>	(10) TOTAL Monetary Expenditures To Date \$ <u> </u>					
(11) CERT It is a first degree misdemeanor for any pers						
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) Ohn F USano Individual (only for electioneering commun.)	(Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)					
Signature	Signature//					

(1) Name	John t	-OE	iono -	(2	) I.D. Number	*	
(3) Cover Period	10/01/10	throu	ugh 12/	31 / 10	(4) Page	<u> </u>	of 3
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)		•				
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	i	Туре	Description	Amendment	Amount
10, 22, 10	John Fusqro 11360 N.W. 41±st. Sunkise, Fl. 33323	エ	Managge	Loan			100.00
11,5,10	Regions Bonk 10001 to Oakland Bothle Sunnise, Fl. 33351	B		Pet			S3.37
11,02,10	John Eusaro 11360 N.W. 4195d. Sunrase, Fl. 33323	I	Mangor	Loan			200.co
11,29,10 4	Bill Sornells 9359 S.W. 66 Loop Ocala, Fl. 34481	I	notirel	cash			SD 00
12,01,10	Pay Pal San Jose, C.A.	B	CAER	Cash Account Verification		Del	.31
12 105 110	Clarkson P.O. Box 161 Rising Sun, md. 21911	I	Housewille	Cash			16-00
12,05,10	Lewis Mentz 1790 w. 49th st. #210 Hialenh, Fl. 33012	エ	Altorney	Check			\$250.00
12,05,10	Chilson 224 Main St. Soul Stillwater MM 55082	I	Housewile	Cash 8	8 - P WHII: 3	TIO	16.00

(1) Name	JOHN FI	)Sar	<u>D</u>	(2)	I.D. Number		
(3) Cover Period	10,00,10	throu	12 igh	31,10	(4) Page	2	of 3
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12/05/10	McClung 526 Logan Aug FL-2	I	Hovavile	Cooh			\$19.00
9	Bronx, N. 4. 10465						
12,06,10	Daniel Fusano 620 N.W. 1915th.	工	Occupational Albertapist	Chack			\$100.00
ID	N. Miami, 17. 33169						
12,06,10	John Fusarco 21861 5. Heritege Circle	エ	Monegak	cheek			\$ 50.00
11	Pemboke Pines, 71. 33029						
12,12,10	Burk 316 Millspaush St.	T	Hoosewile	Cesh			16.00
12	4J52 San Angelo, IX 76901						
12,17,10	Dann Fusano 11360 N.W. 41stst.	I	Manger	Loan			18.15
13	Sunnise Fl. 33323						,
12,01,10	Pay Pal	B	Cosh	Cush		ADD	.19
14	an or 1					,	
12,01,10	Pay Pal San Jose, CA	B	Cosh	Clah		ADD	. 12_
15	Gan star   Com						
2,13,10	1704 N.E 219 Ter 1704 N.E 219 Ter Melrose Fl. 32666	エ	Horsewice	Cash		ADD	18.15
14	Melrose, Fl. 32666		-				
DS-DE 13 (Rev. 08/0	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

(1) Name	'John	1-05	ano	)	(2)	I.D. Number		
(3) Cover Period	10,01	1 10	throu	gh 12,	3(110	) (4) Page	3	of 3
(5) Date	(7) Full Name			(8)	(9) .	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Street Addres	s &	i	ontributor	Contribution	In-kind	Amendment	A
Number 12 , 21 , 10	City, State, Zip		Туре		Type	Description	ADD	Amount
15	Thomas P.O. BOX Monument, Co	80132	<b>上</b>	Dasings	O'GP (			
. 1 1								
1 1								
1 1	·							<u>a</u>
							APR-6	OTY OF SI
1 1							MHII: 38	NRISE
							38	
1 1								
/ /								
1 1	-							
				-				

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) John Tomas Fusaro	OFFICE USE ONLY
Name (2) 1360 N.W. 41 \$ \$.  Address (number and street)  Suncest Fl. 33323  City, State, Zip Code	CITY OF SUN
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):  Candidate (office sought):  Political Committee  Committee of Continuous Existence  Party Executive Committee  Electioneering Communication	MISSION Broup A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
• •	IDENTIFIERS
Cover Period: From /O / O/ / /O To	12 1 31 1 16 Report Type Q4
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 5 70.68	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 5∂3 49
Loans \$ 318-15	Transfers to Office Account \$
Total Monetary \$	Total
In-Kind \$ <u>888.83</u>	Monetary \$ 523. 49
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$88.83	(10) TOTAL Monetary Expenditures To Date \$ ミン3. ビリ
(11) CERT	
It is a first degree misdemeanor for any pers 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)  Individual (only for electioneering commun.)  Signature	(Type name) The Figure 1 Chairperson (enty for PC, PTY & electioneering commun. organization)  X Signature
-3	Signators

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	John -	USURO	<u> </u>	(2) I.D. Number	ar akh la construi
			10 25		
(3) Cover Period	10 101	/ /Ø through	12/30/10	(4) Page	1 of 2

					T
(5) Date (6) Sequence Number	(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)	(11) Amount
# 105/10	Regions Bank 10001 W. Oukland Park Blub. Sunkise, Fl. 33351.	CHK.	non	julia i seletara Ben seletara eta	53.37
11/12/10	ATAT Wireless Allant, Ga.	Campaisn Phone	Mon		30.74
11 /26/10	Rostranust. com P.O. BOX #69 Elk Goulvillage, IL	Fundruisen	Mon		160.00
12/01/10	Overnight Preints.com	Business Conts	Mon		24.20
12/17/10	Blue Cotton com P.O. Box 51882	T-Shints	mon	i marija Sarihk	110.56
5	Bowling Gran, KY 42102				
12/20/10	National Pln 342 Shelbyvill Mills Rd. Shelbyville, TN 37162	Pens	MON		65-90
12/20/10	Blue CoHon Com  D.O. Box 51882  Bowling Green, 144 42102	T-Shint	MON		2755
9 120/10 8	Vista PRINTS 15 Hardon Anenue Lexinston, Ma 02421	Letterhoud	MON		26.79
DS-DF 14 (Rev	00/00)				

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES Fusano (1) Name John (2) I.D. Number (3) Cover Period <u>(0 / 0/ / 0</u> through <u>Q / 3/</u> (4) Page (7) (11)(8)(9) (10)(5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) **Amount** Amendment Number Vista Prints 95 Haydon Ave. Loxington, Ma. 0: 12/20/10 23.98 Mon. distric 中的表现的 HAY AG STORES Did BNOWSER

(1) Name	John Fusare	)		(2	) I.D. Number		
			n	2/	to Company for Gall	17.50181	
1	18/10/10/06/1/10	throu	ugh 10 1	3/ 1/0	(4) Page	of the <b>(</b> agrave a	of 2
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		Contributor	Contribution	In-kind	e in Millione	
Number	City, State, Zip Code	16	Occupation	Туре	Description	Amendment	Amount
10,22,10	John Fusaro	$ \mathcal{I} $	Marager	Coan	1 (2) 1 (10) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	rugsed Valte All	\$100.00
w long so a a line	Sunraise, Fl. 33323	1-152			anama ana sa		
South Action of the		58653		And the second second		7000 2000 2000	84 N. M.
11 15 110	Regions Bonks	В		Ref	. Brok 1 (s. 1919) 13 for kapping to the	in o sides Percent	\$ <i>5</i> 3.37
2	Sunus [Fl. 33351		Jako o politika pira se	Mark Walte		i i ja (j.) Takintor	ki sin kanana ki ji
7				<u> </u>	5 A	geneta	d)
11 122110	John Fusaro	<b>T</b> 34 735(8)8	Managex	l .		eli <b>r</b> en v a l'ani	\$ 200.00
3,	Sunkise, 17. 33323	1 00 ks 4 (197	1	ericia auto, p	gir Korr Gerindericht in Ger	grad Sylvanijan wa	energy (
****						: (*#)	
11 , 29 , 10	Bill Sorpells	I	Rotinal.	Cash	ano general my <mark>y<sup>a</sup>.</mark> seon rinoda się boto	n sellikoo Selakueli	\$ 50.00
4-1	Ocala, Fl. 34481		, .			:	
/ 77 h	0 0 1			^			
12,01,10	Pay Pal San Jose, Celifonnia	B		Cash			
Acceptance of the second of th	San Jose, Celifornia		li£n en der hill	Account	gwedi yan ba da	s. The An	.3/
vir ira <b>5</b> 50 aiddaul	ROWNER OF REAL STREET		natina enat Properiosopo	witiation	t Salan ( ) Tarres rays ( )	តាប់ ប្រាស្វិក នៅក្រោសិស	Koronio T Magazia
215/10	Clarkson P.O. Box 161		Housewill	Cash	e Die Wegen, de Besteln und Die D		16.00
ita irada ba sa unik Beresa jeun unikas	Rising Sun, and	600 H		dik ennagede van som end	akid teleberaken Robert bill bill	r Salffary O Leithig	z in 1800 Brokerous
	21911	ino.		ada e la Pode de Calculator	no sado Ale 1967 Origina de la	or all and the second	eg in vy Stak
D15 110	Lewis Mactz	I	AH.	Chack	zakodine er er iz Sepandor skaso		\$250.00
eran in Life and the last of	1790 W. 49th of \$210	ಗು ಕ	Market Carl	io espessi A la seconomia			To see the second of the secon
eCodomonia e Postola <b>7</b> anae ele	Hialeun, Fl. 33012		ja kuus talab ole sa 15 Outo Joseph Bratis 1000 talab ole ole ole ole	egy i segundi egy i segundire egy i segundire		orania Orania John Sala Den	e de Regional
1215110	Chilson	$\mathcal{I}$	Housewill	Cosh		Transaction of the same of the	\$ 16.00
and the following	224 Main & S.		incari e o	· " i	SILMA OLW	16-LL - 4	edicio Odicio
8	Still water, MN. 55082			Stag Of Doroth	OLY OF SUNRISE	.ĬŌ	1946 - 2011 1940 - 2011

(1) Name <u>John Fusaro</u> (2) I.D. Number

(3) Cover Period	10 10 01 01 1000	throu	gh $12$ $1$	31,10	· dan Page	_	of 2
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		compression	assa a damar	Digital and reports	jahaga jar	ega i
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12,5,10	McCling 526 Login Ave.		Howwife	Cash	i de la generalista Ligit Catagos figanti Mais Minis Ligitagosa Mais Minis Ligitagosa	etsap o treat de aporte de days e	\$ 19.00
9:44	F1. 2 Bronk, N.4. 10465	art O Levis	e se se e e e e e e e e e e e e e e e e		eriosent Linde (175) se en general felologi se esta en gen	de falle de la composition della composition del	g Nach 1995 <sub>a</sub> wester
	Daniel Fusuro 620 N.W. 1919 St.	T	Occupational shorapist	Chal		ia njen Prografija	\$ 100.00
10	N. Mlami, F1. 33169			e in the state of	Marin Dark State (1995) Anna State (1995) Marin Barring		
12/06/10	John Fusario 21861 S. Henitage Cincle	1	Managen	Check			\$ 50.00
10 4 10 10 10	Sombrote Pires, Pl. 33029		i tata menganak Salah menanda	Marie Santa Albertonia Marie Marie Santa Albertonia			entig Passion
0112110	BURK 316 Millspaush St	T	Howw. se	mon	Bergele in eige Stag Daes in Stend	ga <del>de</del> soi Milaki	\$ 16.00
<b>k k</b>	5316 771117 502 7 4 J 52 San Angelo, TX 76901						
12, 17, 10	John Fusaro 11360 N.W. 4199		Mangou	Loan			18.15
entre (13 extract	Sunrusi, (7).	<u> </u>	entra esta entra de la composição entra de la composição	errama (arrada da Belgarasa da Bara Georgia da Bara	dit, ever ytem isedite Kong attest i Tree i Little ag geret sør	nga seri di Masa Bengte Gara Maliferi	
. 11 (2) (1.13 (3) (1.145) <b>1</b> (1.15) (1.15) (1.15)	o simple a la que los sonos de procesos el culta directe de la legación de manda de la culta de la compania de la compania de la compania de la	ger vir ei Swicklijf	un e The leave Describs cont	e a de decembra a AQAT ella a composition	apro il enerciesso si enti aproveciosi di	get dat tea Loosen Egy	SP SU
	ののは、10gWorkWorkで このであることではなり(近)は Processing(10g)をある。 10g)は、10g)は10g(10g)						M 1:30
and as <b>I</b> cover on <b>I</b> could be a second of the second of	Tennini Bugatak Kalinge. Santiga karene Biratak	es pri parasti	sellen sell sag Solik og saket	i ki seki s Politiki i Bri ki koko	ing og ektrosid Jener last yske o Komer til sæker	a kristopak. Histopio genera Histopiakaja	11/4
April 2003 - 1980 - Nac		ale Tool Operatory	14 fo. 5 10 110 150	SECTION OF THE	ned to 100 km seeks nee	deamai s Cinaska (i	est de la companya d La companya de la co
	nt i Selektri i 1921. 1	- 14 Feb.				11 14 E E E E	4.19
				ared carry st	terral est must	rig Forget op	ti, keng

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) John Fusaro  Name (2) 11360 N.w. 415t St.  Address (number and street)  Sunkise Fl. 33333  City, State, Zip Code	OFFICE USE ONLY  OFFICE
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:  Commission Croup A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING
(5) REPORT  Cover Period: From O\ / \\ / \\ To  Original Amendment Special Election	
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 1912.32  Loans \$ 200.06  Total Monetary \$ 1212.32	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 915.46  Transfers to Office Account \$ Total
In-Kind \$	Monetary \$ 915.46  (8) Other Distributions \$ 0
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
(11) CERT It is a first degree misdemeanor for any pers	
Certify that I have examined this report and it is true, correct, and complete.  (Type name)	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate  Chairperson (only for PC, PTY & election ealing commun. organization)  X  Signature

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	R'S REPORT SHIMMARY
(1) John Fusaro Name	OFFICE USE ONLY
(2) 11360 N.W. 415 St.  Address (number and street)  Sunrise Fl. 33323	AM II: 4
City, State, Zip Code	-
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	Commission Croup A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING
(C) DEPORT	COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS  03 / 31 / 12 Report Type Q1
☐ Original ☑ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT Monetary
Cash & Checks \$ 601.46	Expenditures \$ 762.26
Loans \$	Transfers to Office Account \$
Total Monetary \$601.46	Total Monetary \$ 762.26
In-Kind \$	
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 4470.09	(10) TOTAL Monetary Expenditures To Date \$ <u> </u>
	IFICATION on 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 FOSOVO  Individual (only for electioneering commun.)  Treasurer Deputy Treasurer	(Type name)  Candidate  Candidate
Signature	X Signature

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) John Fusuro  Name (2) 11360 N.W. 415 St.  Address (number and street)  Sunkise Fl. 33323	OFFICE USE ONLY OFFICE USE ONL
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	☐ CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS
Cover Period: From 67 / 21 / 12 To ☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ O  Loans \$ O  Total Monetary \$ O  In-Kind \$ O	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 30 99  Transfers to Office Account \$ 0  Total Monetary \$ 30.99
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ <u> </u>
(11) CERT	
It is a first degree misdemeanor for any pers  I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (orth for electioneeting commun.)  X  Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & ectioheering commun. organization)
DS-DE 12 (Rev. 08/04)	

The first of the second section of the second secon

CITY OLERK
and the second
_
•
true,
& n)

(1) Name	John	FUS	sari	0			(2)	I.D. Number			
(3) Cover Peri	od 67 / 21	1 12	thro	ugh <i>O</i>	8/	9 1	12	(4) Page	1	of	1
(5) Date	(7)			(8)		(9)		(10)	(11)		(12)
(6)	Full Nam							(1.0)	(11)		(12)
Sequence	(Last, Suffix, First Street Addre	it, Middle)							A		
Number	City, State, Zi			Contributor		Contribu		In-kind			
	Oity, Otale, 21	Code	Туре	Occupa	tion	Туре		Description	Amendment	A	moun
/	A transfer pro-										
							and the same of th				
	Noth.	~ 1	(	1							
	100111	19	0	Lepont							
/ /				•							
				11.1				27			
				21.5							
	1. 1	1 - 1 T	77	N . W	-		_			ス	
/ /								7 4	= =	2	$\exists_{c}$
	ran May 1 on page			e anno ac						93	
				E <sup>th</sup> rough in	).					0	S HO
\$ 27° °	Himb 4 Min.	tion with the	4, -		* + 1.			Maria Cara	9 1	200	SE
										AUG 10 AM 10: 25	23:
1	i ja salasi							E		~	33
		1			-1-			15 10	1	S	
					+						
1											
									A 11		
	ofe fileacers							07	M		
/ /	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
								,			
		110 124									
Children (1)	en en askrokaran e					48 4 2					
/ /	1° 400 1 100				7						
	al all file tenegration							20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
35 <sup>24</sup> - 10, 3-100	Sept 19 1 August 19 19 19 19 19 19 19 19 19 19 19 19 19										
				* 3.2 4.2 F							
1 1			100								
ary mention of the			- 100						4		
10											
			- 1		1			1	1		

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES John FUSARO (2) I.D. Number (3) Cover Period 67 / 21 / 12 through 68 / 09 / 12 (4) Page \_\_ of ( (5) (7) (8) Date (9) (10)(11)**Full Name** Purpose (Last, Suffix, First, Middle) (6) (add office sought if Street Address & Sequence contribution to a Expenditure City, State, Zip Code Number candidate) Type Amendment Amount Stamps. com Stamps 12959 CORal Tree Pl. Debit Los Angeles, C.A. Postage Regions 10001 W. Oakland Baktal Account Sunpise, Fl. 33351 15.99 07/31/12 Deb. + 15.00

//	1 10				
			1 to 1 to 9 7		<u>-1</u>
					200
//					12 AUG 10
					OF SUNRISE
//				ALC:	25
7137 / 13 / 13 / 13		A MAY HOUSE	t de la constant		
//					
		2 1		a y 76 °	
		711 201 7 7 7 7			
/ /					
DE 14 (Rev.	08/03)	RUCTIONS AND CODE V		. 8	

## **WAIVER OF REPORT**

(Section 106.07(7), F.S.)

(PLEASE TYPE)

#### CITY CLERK CITY OF SUNRISE

12 JUL 27 AM 11: 46

Son Tomas Fuser   Complete   Co			
Name  Name  Office Sought  Name  Office Sought  Off		OFFICE	USE ONLY
Address	<u> </u>	/ (11:	/) <u>— Opphisi</u> d
Existence  Political Committee  Party Executive Committee  Check box if address has changed since last report.  Check here if PC, CCE, or ECO has DISBANDED and will no longer file reports.  TYPE OF REPORT (Check Appropriate Box)  QUARTERLY REPORTS PRIMARY ELECTION GENERAL ELECTION January Janu			
Check box if address has changed since last report.  TYPE OF REPORT (Check Appropriate Box)  QUARTERLY REPORTS PRIMARY ELECTION GENERAL ELECTION January Janua		Electioneering Communication Organization	n
April   32nd day prior   46th day prior   32nd day prior   32nd day prior   48th day prior	Political Committee Party Executive Committee		
QUARTERLY REPORTS       PRIMARY ELECTION       GENERAL ELECTION         □ January       □ 32nd day prior       □ 46th day prior         □ April       □ 18th day prior       □ 32nd day prior         □ July       □ 4th day prior       □ 18th day prior       □ TERMINATION REPORT         □ October       □ 4th day prior       □ SPECIAL ELECTION    NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF	Check box if address has changed since last report.		
□ January       □ 32nd day prior       □ 46th day prior         □ April       □ 18th day prior       □ 32nd day prior         □ July       □ 4th day prior       □ 18th day prior       □ TERMINATION REPORT         □ October       □ 4th day prior       □ SPECIAL ELECTION    NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF	TYPE OF REPORT (Ch	neck Appropriate Box)	
□ April       ■ 18th day prior       □ 32nd day prior         □ July       □ 4th day prior       □ 18th day prior       □ TERMINATION REPORT         □ October       □ 4th day prior       □ SPECIAL ELECTION         NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF	QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION	
☐ July ☐ 4th day prior ☐ 18th day prior ☐ TERMINATION REPORT ☐ October ☐ 4th day prior ☐ SPECIAL ELECTION  NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF	☐ January ☐ 32nd day prior	☐ 46th day prior	
October	☐ April 💢 18th day prior	☐ 32nd day prior	
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF	☐ July ☐ 4th day prior	☐ 18th day prior ☐ <b>TERMINATION RE</b>	PORT
7 22 17	☐ October	☐ 4th day prior ☐ SPECIAL ELECTIO	)N
0.07 - 0.07 - 1.2 THROUGH $7 - 2.0 - 1.7$	NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	I ACCOUNT FOR THE REPORTING PERIOD OF	
	$0.0 = \frac{3-07-12}{1000}$ THROU	ugh <u>7-20-12</u>	
× 11 2 - 12	x III	07-27-12	
Signature Date	Signature	Date	
Candidates Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.) Political Committees Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.) Committees of Continuous Existence and Electioneering Communication Organizations Treasurer (s. 106.04(4)(c), F.S.) Party Executive Committees Treasurer or Chairman (s. 106.29(2), F.S.)  In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.	Candidates Candidate, Campaign Treas Political Committees Chairman, Campaign Treas Committees of Continuous Treasurer (s. 106.04(4)(c), Party Executive Committee Treasurer or Chairman (s. 1 In any reporting period when there has been no activity in the ac required report is waived. However, the filing officer must be no	ssurer or Deputy Treasurer (s. 106.07(5), F.S.) s Existence and Electioneering Communication Organ , F.S.) ses 106.29(2), F.S.) account (no funds expended or received) the filing of the	

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) John Fusaro  Name (2) 11360 N.W. 413t St.  Address (number and street)  Sunrise Pl. 33323  City, State, Zip Code	OFFICE USE ONLY  OFFICE							
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:   Commission Group A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT IDENTIFIERS								
Cover Period: From 04 / 01 / 12 To	67 / 06 / 12 Report Type F1							
☐ Original ☑ Amendment ☐ Special Election Report ☐ Independent Expenditure Report								
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 113.52  Loans \$ 3666.00  Total Monetary \$ 3113.52  In-Kind \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 3065.87  Transfers to Office Account \$  Total Monetary \$ 3065.87							
	(8) Other Distributions \$							
(9) TOTAL Monetary Contributions To Date \$うちも3.6~	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERTIFICATION								
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)							

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) John Tomas Fusaro	OFFICE USE ONLY				
Name (2) 11360 N.W. 41st 31.					
Address (number and street)	teritoria della constituta della constituta della constituta della constituta della constituta della constituta				
Sun rise, Fl. 33323					
City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 교육 유국				
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Office Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee					
☐ Electioneering Communication ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT IDENTIFIERS					
Cover Period: From 04 1 01 1 2012 To 67 1 06 1 2012 Report Type <u>F 1</u>					
☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 2.959.88				
Loans \$ 3,000	Transfers to Office Account \$				
Total Monetary \$ 3,000	Total Monetary \$ 2959. 88				
In-Kind \$ —	`				
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$ 7,532.30 (10) TOTAL Monetary Expenditures To Date \$ 1426.80					
(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) > ohn Tomas FUSARO Individual (only for Treasurer Deputy Treasurer electioneering commun.)	(Type name) John Tomes Fusero  Chairperson (only for PC, PTY & electioneering commun. organization)				
Signature	Signature/				

#### **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	John lomas	<u> </u>	USaro	(2)	I.D. Number	<del></del>	
(3) Cover Period	104 101 12012	throu	igh 07 /	06 1 12	_ (4) Page	l	of <u></u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
05/31/12	John Torks Fusaro 11360 N.W. 412 st. Sunrise, Fl. 33323	KOOD	Consulting	Loan			1,400.00
001							
06,04,12	John Tomes Fusaro 11360 N.W. 419 St. Sunkige, Fl. 33323	Coh	Consulting	Loan			1400.00
002	Sunki 52, Fl. 33323						'  '
06, 18,12	John Tomes Fusoro 11360 N.W. 415+5+	Cosh	Consulting	LOAN			200.00
003	Sunnise, Fl. 33323					i I	
, ,							
							·
1 1							
					·		ia ne S
1 1						r 71	C
						טב זט י	CITY CLERK CITY OF SUNRISE
, ,							NELSE I
							<b>F</b> 2.
1 1							: : [
						'	

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	John	Tomas	Fusaro	(2) I.D. Numbe	r	
(3) Cover Po	eriod 04 /	0(12012 11	arough 67 / 06 / 13	2 (4) Page	of	2

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
05/29/12 001	Stamps. Com 12959 Conal Tree A. Los Angeles, CA. 9006	<del>Sl</del> amps	Dobit		15-99
05/31/12 00 25/31/12	Regions Bank 10001 W. Oakund Bux Blud. Sunkise, Fl. 33351	Monthly Fee	Debit		15.00
06/64/17 003	Facebook COM 1601 3. California Ave. Palo 19110, CA. 94304	Advertising	Debit		2.60
06/07/12	Committee to Elect John Fusano 11360 N.W. 419 St. Sunrise, Fl. 33323	Qualifying Thee	check		2,752.56
06/11/12 005	Facebook. Com 1601 S. California Ave. Palo Alto, CA. a4304	Advertising	Debit		18.82
06/16/12	Facebook com 1601 S. Calibraia Ne. Palo Alto, CA. 94304	Mduertising	FidaQ	:	12. 4y
06/22/12	Face book. Com 1601 S. Calitonnia Ave. Palo Alto, CA. 94304	Adventising	Delo: +		7.77
06/27/Q 008	Stamps. Com 12759 Cogal Tree pl. 1201 S Californ Ac. Plus Angeles CA. GUZOY Palo Poloce 20066	Stamps	Debit		15-99

(1) Name	John	lomas	FUSARO	(2) I.D. Nui	mber			
(3) Cover Po	eriod 04 /	01 / 12 th	104 1 104 1 12	(4) Page	2	of	2	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
06/38/12	Facebook.com 1601 s. Calibonia Ave. Palo Alto, CA. 94304	Advertising	Debit		9.07
06/29/12	Rogiens Bonk 10001 West Oakland Port Aud Sunnise, Fl. 33351	Mondaly fee	Debit		i5- <i>0</i> 0
07/02/12	Party City 12121 W. Sunrise Blud. Plantation, Fl. 33323	Parade Decortions	Debi 4		94.64
//					
//	·				CITY OF SI
//					PM 12: 04
//					
//					

FLORIDA DEPARTMENT OF ST	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY					
(1) John Fusago  Name (2) 11360 NW 415 St.  Address (number and street)  Suncisc Fl. 33323  City, State, Zip Code	OFFICE USE ONLY 3					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:  Commission Group A.  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT IDENTIFIERS  Cover Period: From 61 / 61 / 12 To 3 / 31 / 12 Report Type 13 / 9.  Special Election Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 519.21  Loans \$ 100.00  Total Monetary \$ 619.21  In-Kind \$ ©	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 763.57  Transfers to Office Account \$ \$  Total Monetary \$ 763.57   (8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 45∂2.30	(10) TOTAL Monetary Expenditures To Date \$ _ 4466. 92					
(11) CERT	IFICATION					
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for electioneering commun.)  X  Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)					
DS-DE 12 (Rev. 08/04)	Signature					

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

(1) Name	John tus	ano_		(2)	I.D. Number		
			<b>~</b> 2	21 17			
(3) Cover Period							of (12)
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		÷				
Sequence	Street Address &	1 1	tributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
01/13/12	James Ale	IIK	ionsulting	Check	·		+ con
01713112	2824 N.W. 994 Tel.		V	Clark			\$500.00
	Sunruse, Fl. 33392			Check			
· • • • • • • • • • • • • • • • • • • •	30/11a x 1						
- 10	Same In	B	Processing			s'	110
011012	360an - 11.		Procesing Company	Cash			. 49
0	Squere In. San Fran, CA.		DOWNPANY			,	
2							
	100000	TY	Managed	Coan			\$ 100.00
01/23/12	John Fusaro 11360 N.W. 41251.	-	· V (iii vii piic	0047			\$ 100.00
	(1300 D) 0, 00, 41-31						
3	Sunrise (F1. 33323			a ression a			
		++	A ( )	D C 1			1 -
02/23/12	Steve Haft	T	Accountant	Dobit			\$ 18.72
0010516	4900 Creweland St.			Card			
4	Steve Haft 4900 Crewdond of. Hollywood, Fl. 33021						
,		-					
1 /	-						
		1					
					and the second second		
! ! !	_						
1 1	-						
	A Company of the Comp	-1 1					
1 1			. N. 184.				
					·	٠.	
					<u> </u>		

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name John	Fusaro		2) I.D. Number	
(3) Cover Period (2)	10112 through 03	131/12 (4	4) Page	of <u>2</u>

(E) T	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/12/12	Legends Tovern Part Blud. 10079 wed Orklan Part Blud. Sunnise, Fl. 33351	Campaign Stact Meeting	Food	·	29.39
01/17/12	Square In. San Fran, Ca.	Account Check Verify	Debit		.49
01/9/12	James Ale 2824 N.W. 994 Terrore Sunrise, Fl. 33322	Returned Check	Dob;+		\$ 500.00
01/9/12	Regions Bank 10001 W. Oaklaw Park Blod. Sunrise, Fl. 33351	Fee Rtn. Item	Debit		\$ 10.00
01/25/12	Squae In. San Fran., CA.	Fee	Dobit		\$0.03
01/27/12	Stemps. Com	Postage	Card		\$ 15-99
01/30/12	Signson the Chand. com 11525B Stonehollow Dr. Austin , TX 78758	Campaign Signs	Card	·	3 129.41
01/31/12	Regions 10001 W. Oalden Paul A.D. Sunkise, Fl. 33351	F-ee	Pobit		\$ 15.00

(1) Name	John	Fusaro	(2) I.D. Number
(3) Cover Period	01/01/	12 through 03 , 31 , 12	(4) Page <u>2</u> of <u>2</u>

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
07/23/12 9	Pay Pay, Inc. Son Jose, Ca.	Fee Opposit	Dobit		\$1.2 <b>8</b>
02/27/12	Hamps. Com	Poolege Fee	Oem		\$ 15.99
02/24/12	Regions 10001 US Oakland Poak Und. Sunrese, 1=1, 33351	Fee Monthly	iDebit		\$15.00
03/27/12	Stemps. Com	Postage Thee	Card		\$15.99
03/30/12	Regions 10001 W. Oaklaw. Pukbl Sunnise, Fl. 33351	Monthly Thee	Cobit.		\$15.00
//					
//	·				·
//					

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) John Fusaro  Name (2) 11360 N.W. 415 St.  Address (number and street)  Sunkise Fl. 33323  City, State, Zip Code	OFFICE USE ONLY  OFFICE
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:
(5) REPORT	
• • •	12 / 31 / 11 Report Type 4 6
☐ Original	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 2,04,00	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 251 63
Loans \$ 200.06	Transfers to Office Account \$
Total Monetary \$ 504.06	Total Monetary \$ 281.03
TIP-KING	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ <u>386863</u>	(10) TOTAL Monetary Expenditures To Date \$ 3568 好
(11) CERTI	
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)
Signature	Signature

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY Y CLERK						
(1) John Fusaro  Name (2) 11360 W.W. 41st St.  Address (number and street)  Suncise, Fl. 33323  City, State, Zip Code	OFFICE USE ONLY  12 JAN 10 PM 4: 37					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:  Commission Coup A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT	<b></b>					
Cover Period: From <u>ID /                                  </u>	Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 281.03					
Loans \$ 500.00	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$ <b>2</b> 81.96					
	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date \$3903.09	(10) TOTAL Monetary Expenditures To Date \$ <u>\$703.35</u>					
(11) CERTI						
It is a first degree misdemeanor for any personal 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)  Individual (only for electioneering commun.)  Signature	(Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)  X  Signature					
DS-DE 12 (Rev. 08/04)						

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

(1) Name	JOHN FO	<u>U50</u>	RO_	(2)	I.D. Number		
(3) Cover Period	10/1/11	throu	gh 12/	31,11	(4) Page		of (
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						,
Sequence	Street Address &	1	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
10/21/11	John Husaro	1000		<del>Man</del> a			
	11360 N.W. 4124.	CONT		Cash			200.00
<u> </u>	John Fuscro 11360 M.W. 4128. Sunrise, Fl. 33323			(M.S.)			,
10,2,11	Regions Bank	Direct		Refund of the			(4,00
0	S agin El	Ogost		500			4.00
7	Sunrise, Fl.			fee			
D 2+ 11							
D120,11	John Fosaro 11366 10.W. 412th Sunrige, Fl. 33303	1000		Cash			300 00
3	(1360)	COTT	Į.				
	Sunria, M. 337/3	<u> </u>					
1 1							
	-						
							-
						12 JAN 10	
1 1	-					I S	크유
						1 6	유선
			-			3	
, ,	·					بع	
	-						4
1 1							
	<b>-</b>						
DS-DF 13 /Rev. 06	2/02/	SEE F	REVERSE FOR	RINSTRUCTION	IS AND CODE V	ALUES	

DS-DE 13 (Rev. 08/03)

<b>/</b> 5\	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/13/11	Facebook 1601 5. California Aul	Adventisement	Cord		13.37
1460	Palo Alto, Ca. 94364				. > . < 2
10/9/11	1601 5 Calibrania And,	Advoctisement	Conl		13.93
2	Palo Alto Ca. 9434				
10/24/11	ATAT	Phone	Card		134.06
3	Allente, Ga.				
10/25/11	Facebook 1601 5. California Ave.	i Advertisement	Card		11-33
4	Palo Alto, Ca. 94364				15 66
10/21/11	Stemps. Com	Stemps	Carl		15.99
5					
10/31/11	Facebook. Com	Adverdisement	Car.	12.	7.47
6	1601 5. California Art IGlo Allo, Ca 94364				
10/3/11	Regions Bank Pork &	Fee	Debit	77	STINKISE STINKISE
7	Sun plas = 1, 33351			Ö	
10/31/11	Monthy w. Oaklank Pank	Fee Monthly	Fee		15.00
8	Regions Bank 33351				

## 

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11 /07/11	Facebook. Com 1601 5. Califonia Nov Palo Alto, Cai, 94304	Ad	canl		3.96
10/28/11	Stamps. com	podage	Carl		15.99
11/30/1/	Regions 1000 ( w. Oakland Plak Blu) Sunnie Fl. 33351	Fee	D6:+		15-00
12/27/11	Jemps com	Postage	carl		15.99
13	pagions Bant 10001 W. Oaklaw Palth Sunnise Fl. 33351	y Fee	Debit		15.00
//				12 JAN 10	CITY OF SI
/ /				om 4: 37	TY CLERK OF SUNRISE
11					

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Fusco  Name  (2) 11360 N.W. 4154.  Address (number and street)  Sunkisk Fl. 33323  City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY OF SUNRISE  (3) ID Number:					
(4) Check appropriate box(es):    Candidate (office sought):   Sunt   Section     Political Committee     Committee of Continuous Existence     Party Executive Committee     Election   Election     Election   Election     Committee     Election   Election     Election   Election   Election     Election   Election   Election     Election   Election   Election   Election     Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Election   Elect	Commission Group A  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT	DENTIFIERS					
Cover Period: From <u>67</u> / <u>1</u> / <u>11</u> To ☐ Original ☑ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 606.00  Loans \$ \ \ 06.00	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 981.96  Transfers to Office Account \$					
Total Monetary \$ 700.06  In-Kind \$ ———	Total Monetary \$ 981.96					
· .	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 3364.63	(10) TOTAL Monetary Expenditures To Date \$ <u>3 მგე. ე</u> ე					
(11) CERTI						
It is a first degree misdemeanor for any personal statement of the stateme						
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) Individual (only b) Electioneering commun.)  X  Signature	Candidate Chairperson (only for PC, PTY & Signature					
DS-DE 12 (Rev. 08/04)						

e execte and indicate the control of the fluctuation of the formation of the formation of the formation of the control of the

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARMY CLERK'S					
Name (2) 11360 N. W. 415 St.  Address (number and street)  Sonkise Fl. 33223  City, State, Zip Code	OFFICE USE ONLY  11 OCT -6 AMII: 47					
CHECK IF ADDRESS HAS CHANGED  (3) ID Number:  (4) Check appropriate box(es):  Candidate (office sought):  Political Committee  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
	DENTIFIERS  09 / 30 / 11 Report Type 3 Ø  Report □ Independent Expenditure Report					
CONTRIBUTIONS THIS REPORT           Cash & Checks         \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 981.96  Transfers to Office Account \$ Total Monetary \$ 981.96					
(9) TOTAL Monetary Contributions To Date \$3 \( \text{\text{03.09}} \)	(8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$ 3421.39					
(11) CERT It is a first degree misdemeanor for any pers						
I certify that I have examined this report and it is true, correct, and complete.  (Type name)	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)					

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

(1) Name	John tusar	O	(2)	I.D. Number	-3Q	
(3) Cover Perio	od 07/01/11	through 09 /	30/11	(4) Page		of \
(5) Date (6) Sequence Number	(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
08,17,11	John Fusano 11360 N.W. 4138. Synnise, Fl. 33323	I Managon				300-06
08,89,11 2	John Fusano 11360 N.W. 4124 Sunnise, Fl. 33323	I Managon	Coan	,		300.06
09,19,11	John Fusano 11360 N.W. 4184 Sunnise, Fl. 33323	I Maragon	Con			100.00
1 1						
1 1					•	
1 1					<u> </u>	0
, ,					00T -6 AM III 8 T	CITY CLERK
1 1	,					

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMI	
(1) Name John Fusaro	(2) I.D. Number <u>3 Q</u>
(3) Cover Period 07 / 1 / 11 through 9 / 30 / 11	(4) Page of 2
(0) 001011 01104	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
07/05/11	Facebook. Com 1601 S. California Aue. Palo Alto, CA. 94304	Adventisement	Ckeck Card	·	<b>5</b> .46
07/26/11	AT +T Allanta, Ga.	Campaign Phone	chack Carel		134.31
07/27/11	Stamps Com 12959 Corol Tree Pl. Los Angeles, Ca 90066-7020	Stamps	Ckeck Card		15.99
67 /29 /H	Aegions 10001 W. Oaklend Park Blod. Sunrise (Fl. 33351	Monthly Fee	1267+		10.00
08/17/11	Internet gunu 40. com Ft. Laudendale, 351,2	thebsite Social Media	ckeck		349.00
08/19/11	United States Parcel Sorvice 475 L'Enfant Plaza S.W. Washington, D.C. 2020-3100		Theer Card		10.00
08/29/11	Stamps. Com 12959 Corol True Pl. Los Angeles, CA. 90066-7000	Homps	Cheek Card		15-99
08/30/11	Atlanta, GA.	Campaign	Check Card		134.72

(1) Name_	ZONV	L-USaro		(2) I.D. Nun	nber	<u> </u>
(3) Cover i	Period 07 /	(11)	through 9 / 30 / 11	(4) Page	2_0	f 2

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
08/31/11 9	Regions 10001 W. Oatland Park Hall Sunnise, [7]. 33351	Monthly (Lee	Fee		10.00
09/4/11	Sunnise Women's Club 10451 Sunnise, Lakes Plyl. Sunnise, Fl. #206 33322	1Ad vertisement	Cleak		100.00
09/14/11	Vista Print 95 Hayden Aue. Lexington, ma Ozofzi	Campuign Muterial	Check Carl		25.54
09/14/11	Vista Print 95 itenden Ave. Lexington, Ma 02421	Campaign Material	cleck		11.24
09/19/11	AT IT Atlanta, Ga.	Campuign Phone	Check Card	·	134.22
09/27/11	Stamps. Com 12939 Cond Tree A. Los Angeles, Ca. 9006-7000	Stamps	cheet Card		15,99
04/30/11	Regions 10001 W. Oaklend Pod Bld Sunruse, Fl. 33351	Monthly Fee	Dabi+		10.00
11					

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY				
(1) John Fusaro  Name (2) 11360 N.W. 415 St.  Address (number and street)  Sun Lise Fl. 33323  City, State, Zip Code	OFFICE USE ONLY  OFFICE				
CHECK IF ADDRESS HAS CHANGED  (3) ID Number:  (4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ CHECK IF PC HAS DISBANDED ☐ Political Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT Cover Period: From 04 / 01 / 11 To  Original Amendment Special Election					
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 500.06  Loans \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 867.05  Transfers to Office Account \$ 6  Total Monetary \$ \$67.05				
In-Kind \$	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$ 2664.63	(10) TOTAL Monetary Expenditures To Date \$ _み305. 9 Ч				
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)					

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Fusaro	OFFICE USE ONLY					
Name (2) 1/3/00 20.42. 415 54.						
(2) 1\360 \(\mu\). \(\omega\).	<u> </u>					
Sunnise, Fl. 33323						
City, State, Zip Code	— TO					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):  ☐ Candidate (office sought): Sundice (	Commission Group A 5					
☐ 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) To	06 / 30 / 11 Report Type Q 2					
☑ Original ☐ Amendment ☐ Special Election	n Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 100	Monetary Expenditures \$ \$67.05					
Loans \$ 500	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$ \$(a) 05					
In-Kind \$	Monetary \$ <u>867.05</u>					
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 2703.09	(10) TOTAL Monetary Expenditures To Date \$ 2 439. 43					
	TFICATION son 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.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
X ()	X / July Comments					
Signature	Signature					

#### **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	John Fus	3aro	ſ	(2)	) I.D. Number		
(3) Cover Period	41111	throu	ıgh <u>6 /</u>	30 / //	(4) Page		of (
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name				,		
(o) Sequence	(Last, Suffix, First, Middle) Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	1	Type	Description	Amendment	Amount
66, 3,11	John Fusuro 11360 N.W. 41261, Bunrise, Fl. 33323	T		Coan			500.00
/ / //	DAA LLMOS TO	5	Profing	41			
C14111	PGA Homes Inc. 517 sw. College lat pl. Pt. Pierce, Pl. 34953	D	Roofing at Hone Inspeti	CHE			100.00
	SI DIAMA CI ZUGIZ		Hom Troot	<u> </u>			
$\mathcal{J}$	14. THERE 1 -1. 2-1.152)	<u> </u>	tione young	<u> </u>			
				·			
1 1		i !					
							ļ
, ,							
		.					
					,		20,
, ,			1	. •	The state of the s		
						P	SIL
						PM12:	OF SUNRISE
. ,						7	
· / /					ŀ		
					a de la companya de l		
1 1							
			-				
						1	,

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	John	FUSUKO		(2) I.D. Number	1-21
(3) Cover Perio	nd 4/1	/ [/ through	6,30,11	(A) Page	of 2

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4 /13/11	AT + T Wineless Atlanta, GA.	Campaign Phone	CHK		132.51
4/22/11	Intuit Website 2632 Marine way Mountainview, CA 94043	website	CHK		4.99
4 129/11	Regions Bank 10001 W. Oakland Park Blue Sunnise Pl. 33351	Monthly Fee	Debit Account		10.00
5/16/11	At IT Wireless Atlanta, GA.	Campaign Phone	CHK		134.71
5/33/11 5	Intuit 2632 Marine Way Mountainview, CA. 9404B	Campaisn Website	CH K		4.99
5/31/11 6	_	Canplian Stamps	CHK		9.99
5/31/11 7	Regions Bank 10001 W. Oaklaw Park Alul Sunnise, Pl. 33351	Monthly Fee	(DeGit		10.00
6/6/11	Internet GURU Ft. Cardeolgle, Fl. 33322	Social Media Design	CHK		350.00

(1) Name_	John	FUSARO	=	(2) I.D. Nun	nber		<del></del>	
(3) Cover I	Period 4	/ / // through	6,30,11	(A) Page	2	of	2	

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/10/11 9	Facebook 1601 S. Califonnia Ave. Palo Alto, CA 94304	Ad	CHK		2.59
6/16/11 DO	AT IT Wireless Atlanta, GA	Campaign Phone	CHK		134.34
6/7/11	Facebook 1601 3. California Are. Palo Alto, CA 94304	Ad	CHK		16.25
6/22/11 D	Intuit 2632 Marine wan Mountainview CA 94043	Campaion Webcite	CHK		4.99
G 183/11 13	Facebook 1601 S. Calibenia Ave. Palo Alto, CA 94304	Acl	CHK		D-11
6/27/11	Stamps. Com 12959 Coral Tree Place Los Angeles, CA 90066-7020	Stamps	CHK		15.99
6/29/11	Facebook 1601 S. California Ave. Palo Alto, CA. 94304	Acl	CHK		8.59
6/30/11	_	Monthly Feo	(Jebit		10.00

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) John Fusako  Name (2) 11360 N.W. 415 St.  Address (number and street)  Sunnise, Fl. 33323  City, State, Zip Code	OFFICE USE ONLY OF SUNRISE				
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:  COMMISSION COUP H  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
	IDENTIFIERS				
Cover Period: From <u>O</u> ( / <u>O</u> ( / _ (	63 / 31 / 11 Report Type Q 1  Report ☐ Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 1048.89				
Loans \$ <u>200</u>	Transfers to Office Account \$				
Total Monetary \$ \(\begin{align*} \frac{1}{2} \color \color \\ \text{In-Kind} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Total Monetary \$ 1048-89				
. •	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$ 203.09	(10) TOTAL Monetary Expenditures To Date \$しらつみ、38				
• •	IFICATION				
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual only for electioneering commun.  X  Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Chairperson (only for PC, PTY & electioneering commun. organization)  X  Signature				
DS-DE 12 (Rev. 08/04)	<u> </u>				

7. (1997) 7. (1997) 7. (1997)

(1) Name	ame John Fusaw		(2) I.D. Number				
(3) Cover Period	1,1,	11 through 3 / 31/11	(4) Page	t	of	2	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/14/11	AT 4 T	Campaisn Phone	Mon		131.83
01/20/11 2	Viola Printing	Campaign Material	Mon		171.40
01/24/11	Homestead Tech	Website	Mon		4.99
02/08/11 4	Vide Printing	Campaign Material	Mon		60.08
02/16/11	Sunnisens Club Phase 4	Advertising Campaisn	MON		100.00
2/16/11	Viola Printing	Campaign Marketal	MON		54.09
2/17/11	AT of T Campaign Phone	Campaisn Phone	MON		HT.06
02/23/11 8	Homostead Tech	Websile	MON		4.99

(1) Name	John	FUSANO	(2) I.D. Number
(3) Cover Period <u>O</u>	11/11	through <u>03 / 31 / 11</u>	(4) Page <u>2</u> of <u>2</u>

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03/09/11	A to 2 printing	Campaisn Material	MON		<b>59.95</b>
03/03/11 10	Vista Printing	Campaign Material	Mon		179.57 <del>140.78</del>
03/22/11 11	Intuit Website	Webcite	WON		4.99
03/31/11	Regions Bant	Monthly Fee	MOD		10.00
//		·			
//					# BPR -6
//					OILY CLERK CITY OF SUNRISE
//					

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	John (-US	aro	(2)	I.D. Number		
(3) Cover Period	01/01/11	through 03 /	31, 11	_ (4) Page	<b>(</b>	of (
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)					
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
01,31,11	John Fusaro 11360 N.W. 41std. Sunnise, Fl. 33323	I Manager Candidde	Loan			200.00
02,03,11	Advocate Home Care Services 7866 W. Commercial Mo Cauderhill, Fl. 33351	B	CHE			500 00
03,25,11	Business Cender Management Group 3650 Coral Ridge Dr. 44103 Coral Springs Fl. 33065	B	CHE			500.00
1 1				-		
· 1 1				** <b>*</b> **		
					descrie	
1 1					7	ALIS IIO
					APR -6 AM II: 38	CITY OF SUNRE
					l: 38	
1 1						-

#### STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE PRI	NT OR TYPE)		·				:: •		
1. CHECK APPROPRIATE B	OX: Change in:	П Т	reasurer/	Deputy 🔀	☑ Deposito	ry 🔲	Office	Pε	arty
2. Name of Candidate (in this	order: First, Middle, L	ast)		dress (includ	de post offic	e box or	street, city,	state, zip	1
John Tomas Fusa	ro		code						
4. Telephone (optional) 5.	E-mail address (option	nal)	1	30 NW 41s rise, Fl. 33					
(954) 6614730 fts	s4sure@bellsou	th.net	: Cui	130, 11. 00	020				
6. Office sought (include dist	rict, circuit, group numl	ber)			didate for a	nonpart	<u>isan</u> office	, check if	f
Commissioner Group A				applical		s to run a	s a Write-Ir	า candidat	te.
8. If a candidate for a <u>partisa</u>	<u>ın</u> office, check block	and fil	l in name	of party as	applicable	: My int	ent is to ru	n as a	***************************************
☐ Write-In ☐ No Par	ty Affiliation			····		Par	ty cand	idate.	
9. I have appointed the follow	wing person to act as	s my	∑ Car	npaign Trea	surer 🔲	Deput	y Treasure	r	
10. Name of Treasurer or Dep John Tomas Fusaro	uty Treasurer								
11. Mailing Address (If post off 11360 NW 41st St	fice box or drawer, also	o include	e street ac	idress)		12. Telep			
	44 Counts	45 04	-1- 140	7:- O- 4-	47 5		661473	30	
•	14. County Broward	15. Sta FI	1	Zip Code 323	17. E-mail	address	(optional)		
18. I have designated the following	lowing bank as my	Σ	Z Prima	ry Deposito	у 🗆	Seconda	ry Deposito	ory	
19. Name of Bank REGIONS				et Address W Oaklan	nd Park B	lvd.		-	
21. City	22. County	·······		23. State			24. Zip Co	ode	
Sunrise	Broward			Florida			33351		
UNDER PENALTIES OF PERJURY, DESIGNA	I DECLARE THAT I HAVE I ATION OF CAMPAIGN DEP							ASURER AI	ND
25. Date			26. Signa	ature of Can	didate	$ egthinspace{1.5em} otag$			
10/18/2010			<b>X</b> /	SL		<u> </u>	)		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
l,	John Fusaro				, do here	by accep	t the appoi	ntment	
(	Please Print or Type N	lame)		$\mathcal{A}$		)	• • •		
designated above as:	⊠ Campaign T	reasure	r 🖵	Deputy Tre	asurer	/ _			
10/18/201	0	X	//	D. Sh		2 7			
Date			Signature	of Campaig	n Treasure	r or Depu	ty Treasure	r	

# STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

OFFICE USE ONLY

CITY OF SUNRISE

(PLEASE PRINT	OR TYPE)					<b></b>	S	RISE	7
1. CHECK APPROPRIATE BOX		T T.		Damusti - S	7 Danasita		O#		Danki
Original Appointment  2. Name of Candidate (in this ord	Change in:		easurer/	Deputy Side   Deputy   Deputy	'		Office	state :	Party
John Tomas Fusaro	ier. i list, Middle, L	.asi,	code		de post offic	SE DOX OF	sucet, city,	State, 2	ΣŧΡ
	nail address (optio	nal)	1	60 N.W. 4					
	sure@bellsou	•	Sun	rise, Fl. 33	323				
6. Office sought (include district,	circuit, group num	ber)			didate for a	nonpart	<u>isan</u> office	, chec	k if
Commissioner Group A				applical		is to run a	s a Write-Ir	n candi	date.
8. If a candidate for a <u>partisan</u> c	ffice, check bloc	k and fill	in name	of party as	applicable	: My int	tent is to rui	n as a	
☐ Write-In ⊠ No Party A	ffiliation					Pa	rty candi	idate.	
9. I have appointed the followin	g person to act as	s my	Ca	mpaign Trea	surer 🔲	Deput	ty Treasure	r	
<ol> <li>Name of Treasurer or Deputy</li> <li>John Tomas Fusaro</li> </ol>	Treasurer								
11. Mailing Address (If post office	box or drawer, als	o include	street a	ddress)		12. Tele	ohone		······································
11360 NW 41st Street						( 954	661473	30	
1	County	15. Sta		. Zip Code	17. E-mail				
	ward	FI		323	fts4sure(				
18. I have designated the follow	ing bank as my		-	ary Deposito	ry Ll	Seconda	ry Deposito	ory 	
19. Name of Bank Bank Of America		1		et Address V. Oaklan	d Park Bl	vd.			
21. City	22. County	· · · · · · · · · · · · · · · · · · ·		23. State			24. Zip Co	ode	
Sunrise	Broward			FI			33351		
UNDER PENALTIES OF PERJURY, I DE DESIGNATIO	CLARE THAT I HAVE N OF CAMPAIGN DEF	READ THE POSITORY	FOREGO	ING FORM FO	R APPOINTMI STATED IN IT	ENT OF CA ARE TRUE	MPAIGN TRE	ASURE	RAND
25. Date			26. Sign	ature of Can	didate (	) _			
09/29/2010			X	Gel		)	1		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
ı,Joh	nn Tomas Fu	saro			, do here	eby accep	t the appoi	ntment	
(Ple	ase Print or Type I	Name)	_	$\Delta$		)	- And the Annual Control of the Cont		
designated above as:	Campaign T	reasurer	中	Deputy Tre	asurer.	/ _			
09/29/2010	·	X							
Date		(	Signature	of Campaig	n Treasure	r or Depu	ty Treasure	er	

#### C. ICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) 1. CHECK APPROPRIATE BOX: Original Appointment Change in: Treasurer/Deputy Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 11360 N.W. 41st St. omas Sunrise, Fl. 33323 4. Telephone (optional) 5. E-mail address (optional) 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. Lommissioner Group 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer John 11. Mailing Address (If post office box or drawer, also include street address) 12. Telephone $\mathcal{D}_{*}\mathcal{U}_{*}$ (954)661-4730 14. County 13. City 15. State 16. Zip Code 17. E-mail address (optional) Sunrise Broward 33323 18. I have designated the following bank as my M Primary Depository Secondary Depository 19. Name of Bank 20. Street Address 10001 W. 21. City 22. County 23. State 24. Zip Code Broward UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. FUSARO , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Χ Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY CITY OF SUNRISE

10 SEP 21 AM 11: 18

Fusaro		,
Commissioner	Group A	<del>)</del> ;
nderstand the requireme	ents of Chapter 10	6,
	9-20-10	)
ndidate	Date	
	Commissioner	Commissioner Group France Commissioner Group France Commissioner Group France Commissioner France Commissi

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CITY CLERK

12 JUN -4 PM 12: 33



#### **NOTICE OF CANDIDACY AND AFFIDAVIT**

1, John Tomas Fusaro, do hereby affirm that I am a
candidate for the office of Sunrise Commission Grove A, City of Sunrise, Broward
County, Florida, in the Municipal Election to be held on November 6, 2012, that I am qualified
to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise
who has resided continuously within the City of Sunrise, Broward County, Florida, for a period
of one (1) year prior to qualifying as a candidate for City Commissioner. or Mayor
Signature
6-2-12
Date
STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE
The foregoing instrument was sworn to (or affirmed) and subscribed before me this day
of JUNE 2012, by JOHN FUSACO.
- Albertell-
, Notary Public
JOSEPH D. FARDELLA
(Seal)MY COMMISSION # DD 938221 EXPIRES: November 4, 2013
Bonded Thru Notary Public Underwriters
Personally Known OR Produced Identification
Type of Identification Produced
City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

GITY CLERK CITY OF SUNRISE

# CANDIDATE OATH – NONPARTISAN OFFICE

12 JUN -4 PM 12: 33

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, John Iomas Fusaro
(D) PACE DDINT MAKE AC VOLUMENT TO ADDEAD ON THE DAMAGE AND ANALYSIS TO ANALYSIS TO ANALYSIS TO ANALYSIS TO A SECOND OF THE DAMAGE ACTION OF THE DAMAGE ACTI
7 c /
am a candidate for the nonpartisan office of Since Commissioner, (district #)
(Office) (Office) (Office)
(circuit #)  A ; I am a qualified elector of Broward County, Florida  (circuit #)
(circuit #) (group or seat #)
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated of elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes, and I will support the Constitution of the United States and the Constitution of the State of Florida.
100011117 1171
X (954) 647-4376 FUSARJOHN @6mail.com
Signature of Candidate Telephone Number Email Address
1/360 N.W. 41st Sunrise Fl. 33323 Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 102166879
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
dzán tomás Fusáro
STATE OF FLORIDA
COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me this day of
Personally Known: or
Produced Identification:  Print Type, or Stamp Commissioned Name of Notary Public  JOSEPH D. FARDELLA
Type of Identification Produced:  MY COMMISSION # DD 938221  EXPIRES: November 4, 2013  Bonded Thru Notary Public Underwriters

# FORM 1

# STATEMENT OF 2011

address, agency name, and position below:  LAST NAME — FIRST NAME — MIDDLE	NAME:	FOR OF	FICE	
FUSARO Joh		USE ON		
MAILING ADDRESS :				
11360 N.W.	11st 11st 11st 11st 11st 11st 11st 11st	a daga ka	in the second section of the section of the second section of the se	
(1566 16 6			ID Code r	<b>ુ</b>
	ram seminor y		Grade at Vision	
CITY:	ZIP: COUNTY:	and the second of the second o	ID No.	
Simple	33323	owar)	1D 140.	
NAME OF AGENCY:			Conf. Code	
City of	Sunrise	en er komplet er skriver var var var var var var var var var va	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 <b>蒙</b> 等
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	in in the control of the second of the secon	P. Req. Code	Prije Danger in de generalen in de generalen in de generalen de generalen in d
Commission		9 9 9 99 99 99 10 TABBO	error et en	
You are not limited to the space on the lines		necessary.	, logis (g. 1903 pistorio g.) - Nicoleo esta ci il ci il	paragraphic
CHECK ONLY IF TO CANDIDATE	OR NEW EMPLOYEE OR APP	OINTEE	angana in the second property of the second p	Annual Communication of the co
· · · · · · · · · · · · · · · · · · ·	PARTS OF THIS SECTIO	N MUST RE COM	PLETED ****	
NICAL ACLIDE DEDIAD.				ace to be designed.
<b>DISCLOSURE PERIOD:</b> THIS STATEMENT REFLECTS YOUR FIN	VANCIAL INTERESTS FOR THE PREC	EDING TAX YEAR, WHETH	ER BASED ON A CAL	ENDAR YEAR OF
A FISCAL YEAR. PLEASE STATE BELOY	W WHETHER THIS STATEMENT IS FO	R THE PRECEDING TAX Y	EAR ENDING EITHER	(Illinst cliacy olia
DECEMBER 31, 2011	OR U SPECIFY TAX	X YEAR IF OTHER THAN T	HE CALENDAR YEAR	The water of the section
MANNER OF CALCULATING REPORTA	BLE INTERESTS:	and the standard of the standa	A Section of the Contract of t	AMAGE BALBAR
			DE ARSOLLITE DOLL	AR VALUES. W
THE PARTY OF THE P	THE ARTIAL AT HEILE BEDARTIN	IG THRESHOLDS THAT A	A BASED UN DEDUE	NTAGE VALUES
THE LEGISLATURE ALLOWS FILERS	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLD	LUS. WHICH ARE USUALL	I DAGED ON FLIXOL	NTAGE VALÚES
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLD STATE BELOW WHETHER THIS STATE	EMENT REFLECTS EITHER	I DAGED ON FLIXOL	NTAGE VALUES
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE \$  COMPARATIVE (PERCENTAGE)	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR	EMENT REFLECTS EITHER  DOLLAR V	(must check one): ALUE THRESHOLDS	
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)  DART A PRIMARY SOURCES OF INC.	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR COME TMajor sources of income to the	EMENT REFLECTS EITHER  DOLLAR V	(must check one): ALUE THRESHOLDS	
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A PRIMARY SOURCES OF INC  (If you have nothing to repo	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR	EMENT REFLECTS EITHER  DOLLAR V.  reporting person - See instru	ALUE THRESHOLDS actions p. 4]  DESCRIPTION C	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)  PART A PRIMARY SOURCES OF INC.	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	E'S  EMENT REFLECTS EITHER  DOLLAR V  reporting person - See instru	(must check one): ALUE THRESHOLDS actions p. 4] DESCRIPTION C	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	E'S WHICH ARE USUALLEMENT REFLECTS EITHER  DOLLAR V.  reporting person - See instru	(must check one): ALUE THRESHOLDS actions p. 4] DESCRIPTION C	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	E'S  EMENT REFLECTS EITHER  DOLLAR V  reporting person - See instru	(must check one): ALUE THRESHOLDS actions p. 4] DESCRIPTION C	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	E'S  EMENT REFLECTS EITHER  DOLLAR V  reporting person - See instru	(must check one): ALUE THRESHOLDS actions p. 4] DESCRIPTION C	
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	ENERT REFLECTS EITHER  DOLLAR V.  reporting person - See instru  E'S  ESS  31. SUNCER A. 333	(must check one): ALUE THRESHOLDS actions p. 4]  DESCRIPTION C PRINCIPAL BUS	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS THRESHOLDS OR COME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRE	ENERT REFLECTS EITHER  DOLLAR V.  reporting person - See instru  E'S  ESS  31. SUNCER A. 333	(must check one): ALUE THRESHOLDS actions p. 4] DESCRIPTION C	OF THE SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A 1 6 CANSWI SOLOW	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS STATE BELOW WHETHER THIS STATE THRESHOLDS OR COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRESHOOMS AND A SOURCE ADDRESHOOMS OF THE PROPERTY	TESS  ST., SUNCER, A.333	DESCRIPTION OF PRINCIPAL BUS	OF THE SOURCE'SINESS ACTIVITY
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS STATE BELOW WHETHER THIS STATE THRESHOLDS OR SOURCES OF INCOME [Major sources of income to the rt, you must write "none" or "n/a")  SOURCE ADDRESS OF INCOME TO SUIT ADDRESS OF INCOME OF THE PROPERTY OF THE PROP	DOLLAR V.  reporting person - See instru  E'S  SS  31- , SUNC(SL, A-33)  s owned by the reporting per	DESCRIPTION OF PRINCIPAL BUSINESS ACTIONS (MUSICIPAL BUSINESS ACTIONS OF PRINCIPAL BUSINESS ACTI	OF THE SOURCE SINESS ACTIVITY Page
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  All S - CANSIMI SSIMI  PART B - SECONDARY SOURCES OF  [Major customers, clients, an  (If you have nothing to repo	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR SOURCE (Major sources of income to the rt. you must write "none" or "n/a")  SOURCE (Major sources of income to the rt. you must write "none" or "n/a")  FINCOME (INCOME)  d other sources of income to businesse ort, you must write "none" or "n/a")	reporting person - See instru	Comparison - See instructions	OF THE SOURCE SINESS ACTIVITY P. 41
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS STATE BELOW WHETHER THIS STATE THRESHOLDS OR SOURCES OF INCOME [Major sources of income to the int, you must write "none" or "n/a")  SOURCE ADDREST OF INCOME TO SOURCE ADDREST OF INCOME OF INCOME TO SOURCE OF INCOME TO SOURCE OF INCOME	E'S  St. Sunc(se, A.33)  s owned by the reporting per	(must check one): ALUE THRESHOLDS Ictions p. 4]  DESCRIPTION C PRINCIPAL BUS SI AUTO	PETHE SOURCE SINESS ACTIVITY  P. 4]  P. 4]  NCIPAL BUSINES
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  All S - CANSIMI SSIMI  PART B - SECONDARY SOURCES OF  [Major customers, clients, an  (If you have nothing to repo	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  1.0044 22-2-26  FINCOME dother sources of income to businesse ort., you must write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS' INCOME	E'S Sowned by the reporting per ADDRESS OF SOURCE	(must check one): ALUE THRESHOLDS Ictions p. 4]  DESCRIPTION C PRINCIPAL BUS SI AUTO	PETHE SOURCE SINESS ACTIVITY  P. 4]  P. 4]  NCIPAL BUSINES
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS STATE BELOW WHETHER THIS STATE THRESHOLDS OR SOURCES OF Income to the integration of t	Sowned by the reporting per ADDRESS OF SOURCE	(must check one): ALUE THRESHOLDS Ictions p. 4]  DESCRIPTION C PRINCIPAL BUS SI AUTO	PETHE SOURCE SINESS ACTIVITY  P. 4]  P. 4]  NCIPAL BUSINES
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  1.0044 22-2-26  FINCOME dother sources of income to businesse ort., you must write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS' INCOME	E'S Sowned by the reporting per ADDRESS OF SOURCE	DESCRIPTION OF PRINCIPAL BUSE  TSON - See instructions  PRINCIPAL BUSE  TSON - See instructions	PF THE SOURCE SINESS ACTIVITY P. 4] p. 4]
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A — PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR COME [Major sources of income to the rt., you must write "none" or "n/a")  SOURCE ADDRE  10044 2-2-26  FINCOME dother sources of income to businesse ort., you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	E'S Sowned by the reporting per  ADDRESS OF SOURCE	DESCRIPTION OF PRINCIPAL BUSSINGS OF THE PRINCIPAL BUSSINGS OF T	PF THE SOURCE SINESS ACTIVITY P. 4] p. 4]
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  All'S - CANSINI SSION  PART B - SECONDARY SOURCES OF [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOWL	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  1.0044 22-2-26  FINCOME dother sources of income to businesse ort., you must write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS' INCOME	E'S SS ST. SUNCER A.333  ADDRESS OF SOURCE	(must check one): ALUE THRESHOLDS ctions p. 4]  DESCRIPTION O PRINCIPAL BUS 51 Auto  rson - See instructions  PRI ACT	PETHE SOURCE SINESS ACTIVITY  P. 4]  P. 4]  NCIPAL BUSINES IVITY OF SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  All S - CANSIMI SSIMI  PART B - SECONDARY SOURCES OF [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOWL	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  OTHER OF MAJOR SOURCES OF BUSINESS' INCOME  MIDDINGS OF BUSINESS' INCOME	See instructions p. 4]	Comparison of the comparison o	PF THE SOURCE SINESS ACTIVITY  P. 4]  P. 4]  NCIPAL BUSINES IVITY OF SOURCE
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  A 1 S CONDARY SOURCES OF  [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOWL	THE OPTION OF USING REPORTING USING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  1.0044 22-2-26  FINCOME dother sources of income to businesse ort., you must write "none" or "n/a")  NAME OF MAJOR SOURCES  OF BUSINESS' INCOME	EMENT REFLECTS EITHER  DOLLAR V.  reporting person - See instru  E'S  SS  31. , SUNCEL A-33.  ADDRESS OF SOURCE  See instructions p. 4]	Compared to the compared to th	p. 4]  NCIPAL BUSINESS IVITY OF SOURCE  UCTIONS for to file this form
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  AND SOURCE  OF INCOME  PART B - SECONDARY SOURCES OF [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOWL	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  OTHER OF MAJOR SOURCES OF BUSINESS' INCOME  MIDDINGS OF BUSINESS' INCOME	See instructions p. 4]	contract check one):  ALUE THRESHOLDS  Ictions p. 4]  DESCRIPTION C PRINCIPAL BUS  SI AUTO  PRINCIPAL BUS  FILING INSTR  When and where are located at the	p. 4]  NCIPAL BUSINES IVITY OF SOURCE  UCTIONS for to file this form a bottom of page
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  PART B - SECONDARY SOURCES OF [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOTE  PART C - REAL PROPERTY [Land, but (If you have nothing to repo	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS TATE BELOW WHETHER THIS STATE THRESHOLDS OR  COME [Major sources of income to the rt. you must write "none" or "n/a")  SOURCE ADDRE  OTHER OF MAJOR SOURCES OF BUSINESS' INCOME  MIDDINGS OF BUSINESS' INCOME	See instructions p. 4]	Compact Control (must check one):  ALUE THRESHOLDS  Ictions p. 4  DESCRIPTION CONTROL PRINCIPAL BUSS  SI AUTO  PRINCIPAL BUSS  FILING INSTRUCTION  INSTRUCTION	p. 4]  NCIPAL BUSINES IVITY OF SOURCE  UCTIONS for to file this form a bottom of pag
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S  COMPARATIVE (PERCENTAGE)  PART A - PRIMARY SOURCES OF INC  (If you have nothing to repo  NAME OF SOURCE  OF INCOME  AND SOURCE  OF INCOME  PART B - SECONDARY SOURCES OF [Major customers, clients, an  (If you have nothing to repo  NAME OF BUSINESS ENTITY  NOWL	THE OPTION OF USING REPORTING RUSING COMPARATIVE THRESHOLDS STATE BELOW WHETHER THIS STATE THRESHOLDS OR SOME [Major sources of income to the rt. you must write "none" or "n/a")  FINCOME dother sources of income to businesse ort. you must write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  dildings owned by the reporting personort, you must write "none" or "n/a")	See instructions p. 4]	contract check one):  ALUE THRESHOLDS  Ictions p. 4]  DESCRIPTION C PRINCIPAL BUS  SI AUTO  PRINCIPAL BUS  FILING INSTR  When and where are located at the	p. 4]  NCIPAL BUSINESS TVITY OF SOURCE  UCTIONS for to file this form a bottom of pag  IS on who must how to fill it o

PART D — INTANGIBLE PERSO	NAL PROPERTY [Stoc	ks, bonds, certifi	cates of deposit,	etc See instruction	ns p. 5]	
TYPE OF INTANGI	1				THE PROPERTY PER	
None				ENTIT TO WHICH	THE PROPERTY RELA	<u> </u>
	TOWNS CONDER	,		144		
,		Maria de la compansión de		The state of the second second		
PART E — LIABILITIES [Major de (If you have nothing to Southerst Toypto NAME OF CREDIT	report vou must wri	te "none" or "n	va") o× 1083	2 Charlo ADDRESS OF C	He, N.C. 2 CREDITOR	
Regions Bank		10001 W	- Oakland	Park Blu, S.	innise, Pl. 33	
Small Business Associ	(artor)	P.O. Box	70420 C	Moenix, 42	1.C. 20416	A Sand Company of Market
PART F — INTERESTS IN SPECIFI (If you have nothing to	report, you must write	"none" or "n/a" NTITY # 1	) Busin	es of businesses - Se	BUSINESS	ENTITY#3
ADDRESS OF BUSINESS ENTITY	- were		The second secon	## 15 15 15 15 15 15 15 15 15 15 15 15 15		
PRINCIPAL BUSINESS ACTIVITY	ing and the second of the seco	in de la compania. La cinación de la compania de la co				
POSITION HELD WITH ENTITY	Alled Wakadi kuteo					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY	at the fill Debut Color	CONTROL OF THE SECOND				and the second second second second second
OWNERSHIP INTEREST		,			A the contract pages of the	er i til fyrir fra Hellingsgringsk
SIGNATURE (requi		CONTINUE	·		D (required):	
			STDII CT		6-4-12	

#### WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

#### NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

# FILING INSTRUCTIONS

#### WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

#### WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

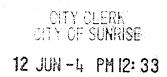
Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

The American Strategy and the

1995 41 64





# LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on November 6, 2012 will take place at the date and location listed below.

October 17, 2012 at 10:00 a.m.

VOTING EQUIPMENT CENTER 1501 NW 40 AVENUE LAUDERHILL, FL (954) 712-1903

Signature of Candidate

Date



OITY GLERK SITY OF SUNRISE 12 JUN -4 PM 12: 33

## RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

John Tomas Fusapo Print Name Signature 6-4-12

Date