

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

(1) IMOBENE FERGUSON
 Name
 (2) 8101 SUNRISE LKS DR N APT 302
 Address (number and street)
SENRISE FL 33322
 City, State, Zip Code

OFFICE USE ONLY
 09 JAN 12 PM 4:56
 CITY CLERK
 CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR SEATPS, City Commission
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 10 101 108 To 12 131 108 Report Type 04
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 675.00
 Loans \$ 0
 Total Monetary \$ 675.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 748.34
 Transfers to Office Account \$ 0
 Total Monetary \$ 748.34

(8) Other Distributions
 \$ ~~9272.09~~

(9) TOTAL Monetary Contributions To Date
 \$ 10,407.00

(10) TOTAL Monetary Expenditures To Date
 \$ 9272.09

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) PATRICK THOMPSON
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
Patrick Thompson
 Signature

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

(Type name) Imobene Ferguson
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
Imobene Ferguson
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name IMOGENE FERSON

(2) I.D. Number _____

(3) Cover Period 10/01/08 through 12/31/08

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/08/08	SONIA DUNCAN 4652 NW 1 ST PLANTATION FL 33317	FOOD	MON		\$200.00
28					
12/13/08	Gwen Johnson 4440 SW 33 RD DR. West Park FL 33023	Performing at fundraiser	MON		200.00
29					
12/13/08	Frankie Man 4552 NW 1 ST Plantation FL 33317	PERFORMANCE at fundraiser	MON		\$100.00
30					
12/13/08	Lenore Antunes 3571 NW 21 ST Coconut Creek FL 33066	Performing at fundraiser	MON		\$25.00
31					
12/13/08	Joe Ann Antunes 3571 NW 21 ST Coconut Creek FL 33066	Performing at fundraiser	MON		25.00
32					
12/27/08	Gwen Johnson 4440 SW 33 DR West Park FL 33023	Bal. owed for performance	MON		\$150.00
33					
11/29/08	Staples 700 W. Commercial Rd Landerhill FL 33319	Printing	MON		\$48.34
34					
1/1					

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 101 08 through 12 131 08 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10 106 08 34	Leola Robinson 19 Prince Ave Greenville SC 29603	I		CHE			\$25.00
10 110 08 35	Lauretta Pauley 7300 NW 30 th Pl Sunrise FL 33313	I		CHE			\$50.00
11 107 08 36	Bertrude Wemyr 2603 Nassau Blvd Coconut Creek FL 33066	I		CHE			\$25.00
12 104 08 37	Louis Appante 12060 NW 20 Ct Plantation FL 33323	I	RET.	CHE			\$100.00
12 107 08 38	Roy C. Smiley 6399 NW 45 th St Parkland FL 33076	I		CHE			\$25.00
10 123 08 39	Oliver Phillips 4724 NW 4 th St Plantation FL 33317	I		CAS			\$50.00
10 123 08 40	Audrey Brown 5970 NW 16 th Ct Sunrise FL 33313	I		CAS			\$50.00
10 123 08 41	Camille Reece 142-15 754 St Rosedale NY 11422	I		CAS			\$50.00

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CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 101 108 through 12 131 108 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10 123 108 42	ENID THOMAS 1351 NW 54 AVE Lauderhill FL 33313	I		CAS			\$50.00
12 110 108 43	Angelina Thorne 8100 Sunrise Lakes Blvd N Sunrise FL 33322	I		CAS			\$50.00
12 110 108 44	Norman Price 8101 Sunrise Lakes Blvd Sunrise FL 33322	I	Ret.	CHE			\$100.00
12 113 108 45	Albert Arnold 101 SE 3rd Ave Davie FL 33004	I		CHE			\$50.00
12 113 108	Robert Lynch 2060 NW 18th Ter Lauderhill FL 33313	I		CAS			\$50.00

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