

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

(1) John Fusaro
Name

(2) 11360 N.W. 41st St.
Address (number and street)

Sunrise FL 33323
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

13 FEB 22 PM 1:47

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Sunrise Commission Group C

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 2/2/13 To 2/15/13 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2050.00

Loans \$ —

Total Monetary \$ 2050.00

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 139.86

Transfers to Office Account \$ —

Total Monetary \$ 139.86

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 5071.70

(10) TOTAL Monetary Expenditures To Date

\$ 3007.86

(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) John Fusaro

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) John Fusaro

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name John Fusaro (2) I.D. Number G3

(3) Cover Period 2 / 2 / 15 through 2 / 15 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
2 / 7 / 13 1	Louis Fever 2955 N.W. 126 Ave Sunrise, FL. 33323	I	Business Consultant	CHK			50.00
2 / 1 / 13 2	Tennis Enterprises 510 Shotgun Rd Sunrise, FL. 33326	B	Tennis Management	CHK			500.00
2 / 7 / 13 3	Raul Amaya 1725 NW 41 Ave Plantation, FL. 33322	I	eng	CHK			250.00
2 / 8 / 13 4	L.E.A. Services 1725 N.W. 41st Ave Plantation, FL. 33322	B	Eng	CHK			250.00
2 / 8 / 13 5	Beverly Norona 11900 N.W. 8th St. Plantation, FL. 33325	I	Housewife	CHK			500.00
2 / 11 / 12 6	Norona Limited 510 Shotgun Rd. Sunrise, FL. 33326	B	Software	CHK			500.00
1 / 1							
1 / 1							

13 FEB 22 PM 1:47
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name John Fusaro (2) I.D. Number 63
 (3) Cover Period 2, 2, 15 through 2, 15, 13 (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					
2/13/13 1	Best Buy Plantation, Fl.	Ink	CHK		22.25
2/13/13 2	Mama's Kitchen 1225 Sunset Strip Sunrise, Fl. 33313	Campaign Meeting	CHK		20.95
2/15/13 3	AT & T Atlanta, Ga.	Cell Phone	CHK		96.66
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

18 FEB 22 PM 1:47
 CITY CLERK
 CITY OF SUNRISE

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

(1) John Fusaro
Name

(2) 11360 N.W. 41st St.
Address (number and street)

Sunrise FL 33323
City, State, Zip Code

OFFICE USE ONLY

13 FEB - 8 AM 11:19
CITY CLERK
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Sunrise Commission Group C

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 1 / 19 / 13 To 2 / 1 / 13 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ N/A

Loans \$ N/A

Total Monetary \$ N/A

In-Kind \$ N/A

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 53.46

Transfers to Office Account \$ N/A

Total Monetary \$ _____

(8) Other Distributions

\$ N/A

(9) TOTAL Monetary Contributions To Date

\$ ~~N/A~~ 3021.70

(10) TOTAL Monetary Expenditures To Date

\$ ~~53.46~~ 2868.00

(11) CERTIFICATION

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

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

(Type name) John Fusaro

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
Signature

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

(Type name) John FUSARO

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

X _____
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name John Fusaro

(2) I.D. Number _____

(3) Cover Period 1/19/13 through 2/1/13

(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
1/28/13	Stamps. Com	Stamps	PCW		15.99
1					
1/31/13	Regions Bank	Month Fee	PCW		15.99
2					
2/1/13	Blue Moon Diner	Campaign Meets	Debit		22.47
3					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
 CITY OF SUNRISE
 13 FEB - 8 AM 11:13

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name John Fusaro (2) I.D. Number _____

(3) Cover Period 1 / 19 / 13 through 2 / 1 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	Nothing to Report						
/ /							
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CITY CLERK
 CITY OF SUNRISE
 13 FEB -8 AM 11:13

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

CITY CLERK
 CITY OF SUNRISE
 13 JAN 24 PM 2:54
 OFFICE USE ONLY

(1) John Fusaro
 Name

(2) 11360 N.W. 41st St.
 Address (number and street)

Sunrise Fl. 33323
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Commission Group X C (94)

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 12 To 1 / 18 / 13 Report Type G-1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1050.00

Loans \$ 1871.70

Total Monetary \$ 3021.70

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2814.54

Transfers to Office Account \$ _____

Total Monetary \$ 2814.54

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 3021.70

(10) TOTAL Monetary Expenditures To Date
 \$ 2814.54

(11) CERTIFICATION

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

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

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

(Type name) John Fusaro

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
 Signature

(Type name) John Fusaro

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

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

13 JAN 24 PM 2:54
 CITY CLERK
 CITY OF SUNRISE, FL

(1) Name John Fusaro

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 12 through 1 / 25 / 13 (4) Page 1 of _____

(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		
11, 13, 12	John Fusaro 11360 N.W. 41st St Sunrise, Fl. 33323	I	student	LOA			50.00
1							
12, 03, 12	John Fusaro 11360 N.W. 41st St Sunrise, Fl. 33323	I	student	LOA			50.00
2							
12, 18, 12	Michael Jacobs 9310 N.W. 33rd Pl. Sunrise, Fl. 33351	I	Business owner	CHE			50.00
3							
01, 04, 13	Rance Monteverdi 12812-60th St. N. Clearwater, Fl. 33760	I	Business owner	CHE			500.00
4							
01, 04, 13	Robotic Parking Systems 12812 60th St. N Clearwater Fl. 33760	B		CHE			500.00
5							
01, 07, 13	John Fusaro 11360 N.W. 41st St Sunrise Fl 33323	I	student	LOA			482.35
6							
01, 08, 13	John Fusaro 11360 N.W. 41st St. Sunrise, Fl. 33323	I	student	LOA			1000.00
7							
01, 09, 13	John Fusaro 11360 N.W. 41st St. Sunrise, Fl. 33323	I	student	LOA			289.35
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Fusaro (2) I.D. Number _____

(3) Cover Period 10 / 01 / 12 through 1 / 18 / 13 (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
01 / 10 / 13	John Fusaro 11360 n.w. 41st St. Sunrise, Fl. 33323	I	Student	LOA			100.00
9							
/ /							
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13 JAN 24 PM 2:54
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name John Fusaro

(2) I.D. Number _____

(3) Cover Period 10/01/12 through 1/18/13

(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
11/27/12	Stamps.com 12959 Coral Trace Pl. Los Angeles, CA. 90066	Stamps for Mailables	Cash		15.99
1					
11/30/12	Regions Bank 10001 W. Oakland Park Blvd. Sunrise, FL. 33351	Fee	Cash		15.00
2					
12/27/12	Stamps.com 12959 Coral Trace Pl. Los Angeles, CA. 90066	Stamps for Mailables	Cash		15.99
3					
12/31/12	Regions Bank 10001 W. Oakland Park Blvd. Sunrise, FL. 33351	Fee	Cash		15.00
4					
01/08/13	City of Sunrise 10770 West Oakland Park Blvd. Sunrise, FL. 33351	Quality Fee			2752.86
///					
///					13 JAN 24 PM 2:54 CITY CLERK CITY OF SUNRISE
///					
///					
///					

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

CITY CLERK
CITY OF SUNRISE

12 NOV 13 PM 12:17

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

John Tomas Fusaro

3. Address (include post office box or street, city, state, zip code)

11360 N.W. 41st St.
Sunrise, FL 33323

4. Telephone

(954) 647-4376

5. E-mail address

Fusaro John@gmail.com

6. Office sought (include district, circuit, group number)

Sunrise Commission Group C

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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 Fusaro

11. Mailing Address

11360 N.W. 41st St.

12. Telephone

(954) 647-4376

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33323

17. E-mail address

Fusaro John@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Regions

20. Address

10001 West Oakland Park Blvd.

21. City

Sunrise

22. County

Broward

23. State

FL

24. Zip Code

33351

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

11-12-12

26. Signature of Candidate



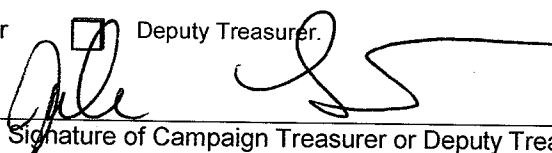
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, John Fusaro, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-12-12

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

12 NOV 13 PM 12:17

CITY CLERK
CITY OF SUNRISE

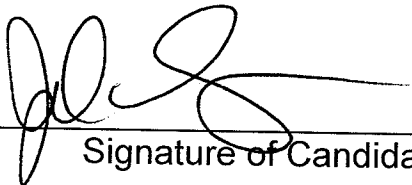
I, John Fusaro

candidate for the office of Sunrise Commission Group C;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

11-12-12

Date

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
CITY OF SUNRISE

13 JAN -8 PM 1:06



NOTICE OF CANDIDACY AND AFFIDAVIT

I, John Tomás Fusaro, do hereby affirm that I am a candidate for the office of Sunrise Commission Group C, City of Sunrise, Broward County, Florida, in the Special Election to be held on March 12, 2013, 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.

[Signature]
Signature

1-8-13
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 8th day of JANUARY, 2013, by John Fusaro.



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

[Signature]
, Notary Public

(seal)

Personally Known X 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)

**CANDIDATE OATH -
NONPARTISAN OFFICE**

CITY CLERK
CITY OF SUNRISE

13 JAN -8 PM 1:07

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, John Tomás Fusaro

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Sunrise Commission, _____
(office) (district #)

_____ ; I am a qualified elector of Broward County, Florida;
(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 or 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.

X [Signature]
Signature of Candidate

(951) 647-4376
Telephone Number

FusaroJohn@gmail.com
Email Address

11360 N.W. 41st St. 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 Fusá ro

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 8th day of January, 20 13.

Personally Known: X or _____

Produced Identification: _____

Type of Identification Produced: _____



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Fusaro John Tomas

MAILING ADDRESS:

11360 N.W. 41st St.

Sunrise

CITY:

ZIP:

COUNTY:

Sunrise

33323

Broward

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Sunrise Commission Group C

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

CITY CLERK
CITY OF SUNRISE
13 JAN - 8 PM 1:07

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Planetary Enterprises	10644 N.W. 46 th St. Sunrise, FL 33351	Auto Repair

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Sallie Mae Student Loan	P.O. Box 9500, Wilkesboro, P.A. 18773-9500
Southeast Toyota Car Loan	P.O. Box 70832, Charlotte, N.C. 28272
Regions Bank Bank Loan	10001 W. Oakland Park Blvd, Sunrise, FL 33351
Chase Bank Home Loan	P.O. Box 78420 Phoenix, AZ 85062

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

CITY CLERK
 CITY OF SUNRISE
 13 JAN - 8 PM 1:07

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

John J. S.

1-7-13

FILING INSTRUCTIONS:

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.

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.

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, 2012.

CITY CLERK
CITY OF SUNRISE

13 JAN -8 PM 1:07



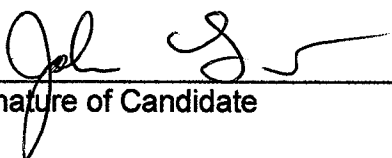
LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

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 March 12, 2013 will take place at the site and date listed below.

Wednesday, March 6, 2013 at 10:00 a.m.**

Supervisor of Elections' Voting Equipment Center
1501 NW 40 Avenue
Lauderhill, FI
(954)712-1903

****Tentative Date**

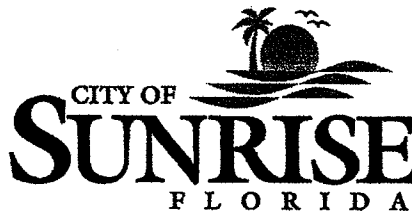


Signature of Candidate

1-7-13

Date

CITY CLERK
CITY OF SUNRISE
13 JAN -8 PM 1:07



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 Fusaro
Print Name
John Fusaro
Signature
1-7-13
Date

