

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

OFFICE USE ONLY
12 APR 23 AM 9:06

(1) Daniel Sohn
Name
(2) 10310 NW 24th St
Address (number and street)
Surprise FL 33322
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Surprise Commissioner Group A
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 12 To 03 / 31 / 12 Report Type Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ Ø

Loans \$ Ø

Total Monetary \$ Ø

In-Kind \$ Ø

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 21.08

Transfers to Office Account \$ _____

Total Monetary \$ 21.08

(8) Other Distributions

\$ 61.00

(9) TOTAL Monetary Contributions To Date

\$ 27.78

(10) TOTAL Monetary Expenditures To Date

\$ 82.08

(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) Kamillah Harris

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) _____

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

X [Signature]
Signature

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

OFFICE USE ONLY

12 JAN 10 PM 4:08

CITY CLERK
 CITY OF SUNRISE

(1) Daniel H Sohn
 Name

(2) 10310 NW 24th st
 Address (number and street)
Sunrise, FL 33322
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Sunrise Commissioner Group A
- 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

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 11 To 12 / 31 / 11 Report Type Q3

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 122.84

Loans \$ Ø

Total Monetary \$ 122.84

In-Kind \$ 1449.67

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 20.00

Transfers to Office Account \$ Ø

Total Monetary \$ 20.00

(8) Other Distributions \$ Ø

(9) TOTAL Monetary Contributions To Date
 \$ 122.84

(10) TOTAL Monetary Expenditures To Date
 \$ 20.00

(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.

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

(Type name) Kamilah Harris
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Kamilah Harris
 Signature

X Daniel Sohn
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK
CITY OF SUNRISE

(1) Name Daniel Sohn

(2) I.D. Number 12 JAN 10 PM 4:08

(3) Cover Period 10/01/11 through 12/31/11 (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							
12/04/11 1	Crystal Brenner 10043 Sunset Strip Sunrise Fl 33322	I	vet	INK	Gift cards for service		337.50
12/04/11 2	Sarah Reich 10043 Sunset Strip Sunrise Fl 33322	I	vet	INK	Gift cards for service		337.5
12/04/11 3	Sun Set Animal Hospital 10043 Sunset Strip Sunrise Fl 33322	B	vet	INK	Gift cards for service		337.50
12/04/11 4	Dr. Mustafa Saleh 10043 sunset strip Sunrise Fl 33322	I	vet	INK	Gift cards for service		337.50
12/04/11 5	MR. PIZZA 10053 Sunset Strip Sunrise Fl 33322	B	pizzeria	INK	Gift card for PIZZA		12.67
12/04/11 6	PACO Lourens 10049 Sunset Strip Sunrise Fl 33322	I	Barber	INK	Gift card for haircut		12.00
12/04/11 7	DeBORAH Echeverria State Auto Inge Insurance Agency 10059 Sunset Strip Sunrise Fl 33322	B	Notarier	INK	2 Free Notarries + 10 pages of fees		45.00
12/04/11 8	Sunset Strip Flowers Sunrise Fl 33322	B	flowerist	INK	Gift card for flowers		30.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Daniel H Sohn (2) I.D. Number _____

(3) Cover Period 10/01/11 through 12/31/11 (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
12/04/11	SCOOPS DAIRY BAR 10055 Sunrise Strip Sunrise FL 33322	B		CHE			7.84
9							
12/05/11	Justin Schmidt 12070 SW 22nd St Davie FL 33325	I		CAS			15.00
10							
12/20/11	David Dursky	I		CHE	CHE		100.00
11							
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12 JAN 10 PM 4:09
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Daniel Sohn

(2) I.D. Number _____

(3) Cover Period 10/01/11 through 12/31/11

(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
12/05/11 1	Daniel Sohn Campaign 10310 NW 24th St Sunrise FL 33322	For Balloons For Fund raising	PCS		20.00
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CITY CLERK
 CITY OF SUNRISE
 12 JAN 10 PM 4:08

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE
11 OCT -7 PM 3:47

OFFICE USE ONLY

Daniel

Sohn

Name

Office Sought

10310 NW 24th ST.

Sunrise

FL

33322

Address

City

State

Zip Code

- Candidate Committee of Continuous Existence Electioneering Communication Organization
 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 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

7/1/11

THROUGH

9/30/11

X

[Handwritten Signature]

Signature

10/7/11

Date

SIGNATURES REQUIRED FOR:

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.

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

CITY CLERK
CITY OF SUNRISE

11 OCT -5 PM 3: 27

(PLEASE PRINT OR TYPE)

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)

Daniel H. Sohn

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

10310 NW 24th St
Sunrise, FL 33322

4. Telephone

(954) 279-8788

5. E-mail address

Sohn-Daniel@yahoo.com

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

Sunrise Commissioner
Group A

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

Kamilah Harris

11. Mailing Address

3266 NW 84th AVE Apt 635

12. Telephone

(954) 479-7871

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33351

17. E-mail address

Kamilah1006@gmail.com

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

19. Name of Bank

Bank of America

20. Address

1000 WEST OAKMAN AVE

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

10-5-11

26. Signature of Candidate



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

I, Kamilah Harris, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10-5-11
Date


Signature of Campaign Treasurer or Deputy Treasurer

**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 MAY 10 AM 9:14

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)
Daniel H. Sohn

3. Address (include post office box or street, city, state, zip code)
10310 NW 24TH STREET
SUNRISE, FL 33322

4. Telephone
(954) 609-0874

5. E-mail address
sohn_daniel@yahoo.com

6. Office sought (include district, circuit, group number)
Sunrise City Commissioner, Group A

7. If a candidate for a nonpartisan office, check if applicable: *5/10/12*
 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
Daniel H. Sohn

11. Mailing Address
10310 NW 24TH STREET

12. Telephone
(954) 609-0874

13. City
SUNRISE

14. County
BROWARD

15. State
FL

16. Zip Code
33322

17. E-mail address
sohn_daniel@yahoo.com

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

19. Name of Bank
Bank of America

20. Address
919 W. Oakland Park Blvd.

21. City
Sunrise

22. County
Broward

23. State
Florida

24. Zip Code
33322

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
05/08/2012

26. Signature of Candidate
 [Signature]

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

I, Daniel H. Sohn, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

05/08/2012
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**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

11 SEP 27 PM 4:50

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)

Daniel H. Sohn

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

10310 NW 24th Street
Sunrise, FL 33322

4. Telephone

(954) 279-8788

5. E-mail address

Sohn.Daniel@yahoo.com

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

Sunrise Commission Group #

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 Democrat Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Kamilah Harris

11. Mailing Address

3266 NW 84th Ave Apt 635

12. Telephone

(954) 479-7871

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33351

17. E-mail address

Kamilah1006@gmail.com

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

19. Name of Bank

Bank Atlantic

20. Address

1901 N. Pine Island Rd

21. City

Sunrise

22. County

Broward

23. State

FL

24. Zip Code

33322

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

09/27/2011

26. Signature of Candidate

X *Daniel H. Sohn*

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

I, Kamilah Harris, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer

9/27/2011
Date

X

Kamilah Harris
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

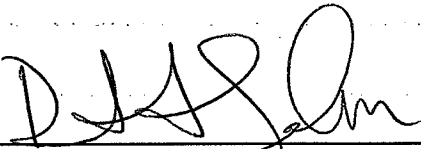
OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
11 SEP 27 PM 4:50

I, Daniel Sohn

candidate for the office of Sunrise Commissioner Group A

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

09/27/2011
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).