

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sophia Hillary Haynes

Name

(2) 11961 NW 31st Street

Address (number and street)

Sunrise, FL, 33323

City, State, Zip Code

Check here if address has changed

(3) ID Number: 99-2217272

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Seat B

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

<b>OFFICE USE ONLY</b>	
2024 OCT 30 PM 4: 52	CITY CLERK CITY OF SUNRISE

### (5) Report Identifiers

Cover Period: From 10 / 19 / 2024 To 10 / 31 / 2024 Report Type: G6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 0 ,     ,     .    

Loans \$ 0 ,     ,     .    

Total Monetary \$ 0 ,     ,     .    

In-Kind \$ 0 ,     ,     .    

### (7) Expenditures This Report

Monetary Expenditures \$ 0 ,     ,     .    

Transfers to Office Account \$ 0 ,     ,     .    

Total Monetary \$ 0 ,     ,     .    

### (8) Other Distributions

\$ 0 ,     ,     .    

### (9) TOTAL Monetary Contributions To Date

\$     ,     ,     .    

### (10) TOTAL Monetary Expenditures To Date

\$     ,     ,     .    

### (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) Sophia Hillary Haynes

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *Sophia Hillary Haynes*

Signature

(Type name) Sophia Hillary Haynes

Candidate  Chairperson (only for PC and PTY)

X *Sophia Hillary Haynes*

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sophia Hillary Haynes

(2) I.D. Number 99-2217272

(3) Cover Period 10 / 19 / 2024 through 10 / 31 / 2024

(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					
/ /					
/ /					
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/ /					
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/ /					

CITY CLERK  
 CITY OF SUNRISE  
 2024 OCT 30 PM 4:52

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sophia Hillary Haynes  
 Name  
 (2) 11961 NW 31st Street  
 Address (number and street)  
Sunrise, FL, 33323  
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK  
CITY OF SUNRISE  
2024 OCT 23 PM 4:29

Check here if address has changed

(3) ID Number: 99-2217272

(4) Check appropriate box(es):  
 Candidate Office Sought: Commissioner Seat B  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 05 / 2024 To 10 / 18 / 2024 Report Type: G5  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 ,     ,     .      
 Loans \$ 0 ,     ,     .      
 Total Monetary \$ 0 ,     ,     .      
 In-Kind \$ 0 ,     ,     .    

(7) Expenditures This Report

Monetary Expenditures \$     ,     , 15 . 00  
 Transfers to Office Account \$ 0 ,     ,     .      
 Total Monetary \$     ,     , 15 . 00

(8) Other Distributions  
 \$ 0 ,     ,     .    

(9) TOTAL Monetary Contributions To Date  
 \$     , 5 , 610 . 50

(10) TOTAL Monetary Expenditures To Date  
 \$     , 5 , 577 . 76

### (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) Sophia Hillary Haynes  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *S. Haynes*  
 Signature

(Type name) Sophia Hillary Haynes  
 Candidate  Chairperson (only for PC and PTY)

X *S. Haynes*  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sophia Hillary Haynes

(2) I.D. Number 99-2217272

(3) Cover Period 10 / 05 / 2024 through 10 / 18 / 2024

(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					
10 / 18 / 2024  SHH 27	Popular Bank 3457 North University Drive Sunrise, FL 33351	Maintenance Fee	MON		15.00
///					
///					
///					
///					
///					
///					
///					
///					

2024 OCT 23 PM 4:28  
 CITY CLERK  
 CITY OF SUNRISE

# CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK  
CITY OF SUNRISE

OFFICE USE ONLY  
2024 OCT -8 AM 11:36

(1) Sophia Hillary Haynes  
Name

(2) 11961 NW 31st Street  
Address (number and street)

Sunrise, FL, 33323  
City, State, Zip Code

Check here if address has changed

(3) ID Number: 99-2217272

(4) Check appropriate box(es):

- Candidate    Office Sought: Commissioner Seat B
- Political Committee (PC)
- Electioneering Communications Org. (ECO)     Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)     Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)     Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 07 / 01 / 2024 To 10 / 04 / 2024 Report Type: G4

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$        ,        , 600 . 00

Loans    \$ 0 ,        ,        .       

Total Monetary    \$ 0 ,        ,        .       

In-Kind    \$ 0 ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures    \$        , 1 , 797 . 63

Transfers to Office Account    \$ 0 ,        ,        .       

Total Monetary    \$        , 1 , 797 . 63

### (8) Other Distributions

\$ 0 ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        , 5 , 610 . 50

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 562 . 76

### (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) Sophia Hillary Haynes

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X *S. Haynes*  
Signature

(Type name) Sophia Hillary Haynes

Candidate     Chairperson (only for PC and PTY)

X *S. Haynes*  
Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sophia Hillary Haynes

(2) I.D. Number 99-2217272

(3) Cover Period 07 / 01 / 2024 through 10 / 04 / 2024

(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					
07 / 01 / 2024	MSD Global Solutions # 655361 11555 heron bay blvd, Suite 200, Coral Springs, FL 33076	Startup Website	ECC		549.00
1					
07 / 13 / 2024	Msd Global Solutions LLC 12348 NW 50th Pl Pompano Beach, FL 33076-3440	Website Anti Hacking Integration	ECC		120.00
2					
07 / 18 / 2024	Popular Bank 3457 North University Drive Sunrise, FL 33351	Maintenance Fee	MON		15.00
3					
08 / 21 / 2024	Popular Bank 3457 North University Drive Sunrise, FL 33351	Maintenance Fee	MON		15.00
4					
09 / 03 / 2024	Point Blank Political LLC PO Box 26 Umatilla, FL 32784	Political Text Messaging & Robocalls	ECC		1083.63
5					
09 / 18 / 2024	Popular Bank 3457 North University Drive Sunrise, FL 33351	Maintenance Fee	MON		15.00
6					

CITY CLERK  
 CITY OF SUNRISE  
 2024 OCT -8 AM 11:38

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sophia Hillary Haynes  
 Name  
 (2) 11961 NW 31st Street  
 Address (number and street)  
Sunrise, FL, 33323  
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK  
CITY OF SUNRISE

2024 JUL -8 PM 2:27

(3) ID Number: 99-2217272

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Seat B

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 04 / 01 / 2024 To 06 / 30 / 2024 Report Type: Q2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ 0 ,     ,     .    

Loans \$ 0 ,     ,     .    

Total Monetary \$ 0 ,     ,     .    

In-Kind \$ 0 ,     ,     .    

**(7) Expenditures This Report**

Monetary Expenditures \$     , 3 , 765 . 13

Transfers to Office Account \$ 0 ,     ,     .    

Total Monetary \$     , 3 , 765 . 13

**(8) Other Distributions**

\$ 0 ,     ,     .    

**(9) TOTAL Monetary Contributions To Date**

\$     , 5 , 010 . 50

**(10) TOTAL Monetary Expenditures To Date**

\$     , 3 , 765 . 13

### (11) Certification

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

(Type name) Sophia Hillary Haynes

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *S. Haynes*  
 Signature

(Type name) Sophia Hillary Haynes

Candidate  Chairperson (only for PC and PTY)

X *S. Haynes*  
 Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sophia Hillary Haynes

(2) I.D. Number 99-2217272

(3) Cover Period 04 / 01 / 2024 through 06 / 30 / 2024

(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					
04 / 10 / 2024 1	Popular Bank 3457 North University Drive Sunrise, FL 33351	Purchased Checks to use for Campaign	MON		10.50
05 / 23 / 2024 2	Popular Bank 3457 North University Drive Sunrise, FL 33351	ACH Debit Fee	MON		.18
06 / 20 / 2024 3	City of Sunrise City Clerk 10770 W Oakland Park Blvd. Sunrise, FL 33351	Election Fee	MON		3,575.67
06 / 20 / 2024 4	City of Sunrise City Clerk 10770 W Oakland Park Blvd. Sunrise, FL 33351	Misc Payment	MON		178.78

2024 JUL -8 PM 2:27  
 CITY CLERK  
 CITY OF SUNRISE

## CAMPAIGN TREASURER'S REPORT SUMMARY

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Address (number and street)

Sunrise, FL, 33323

City, State, Zip Code

Check here if address has changed

(3) ID Number: 99-2217272

OFFICE USE ONLY

2024 APR - 8 PM 4:32

CITY CLERK  
CITY OF SUNRISE

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Seat B

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 01 / 01 / 2024 To 03 / 31 / 2024 Report Type: Q1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$      , 5 , 010 . 50

Loans \$ 0 ,      ,      .     

Total Monetary \$      , 5 , 010 . 50

In-Kind \$ 0 ,      ,      .     

### (7) Expenditures This Report

Monetary Expenditures \$ 0 ,      ,      .     

Transfers to Office Account \$ 0 ,      ,      .     

Total Monetary \$ 0 ,      ,      .     

### (8) Other Distributions

\$ 0 ,      ,      .     

### (9) TOTAL Monetary Contributions To Date

\$      , 5 , 010 . 50

### (10) TOTAL Monetary Expenditures To Date

\$ 0 ,      ,      .     

### (11) Certification

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

(Type name) Sophia Hillary Haynes

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *S. Haynes*  
Signature

(Type name) Sophia Hillary Haynes

Candidate  Chairperson (only for PC and PTY)

X *S. Haynes*  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sophia Hillary Haynes (2) I.D. Number 99-2217272

(3) Cover Period 01 / 01 / 2024 through 03 / 31 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
03 / 29 / 2024 1	(Haynes, Sophia, Hillary) 11961 NW 31st Street Sunrise, Florida, 33323	S	Teacher	CHE			5,010.50
/ /							
/ /							
/ /							
/ /							
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2024 APR -8 PM 4:32  
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

2024 MAR 22 PM 1:16

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Sophia Hillary Haynes

**3. Address** (include PO Box or Street, City, State, Zip Code):

11961 NW 31st Street  
Sunrise, Florida 33323

**4. Telephone:**

(754 ) 243-2662

**5. Candidate's Voter Registration #:**

102104533

(not required for qualifying purposes)

**6. Email Address:**

ElectSophiaHaynes4seatB@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Commissioner Seat B

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.     No Party Affiliation Candidate.     \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Sophia Haynes

**12. Telephone:**

(754 ) 243-2662

**13. Email Address:**

ElectSophiaHaynes4seatB@gmail.com

**14. Mailing Address:**

11961 NW 31st Street

**15. City:**

Sunrise

**16. State:**

FL

**17. Zip Code:**

33323

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**

Popular

**20. Address:**

3457 North University Drive

**21. City:**

Sunrise

**22. County:**

U.S.A.

**23. State:**

Florida

**24. Zip Code:**

33351

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:** 3/22/2024

**26. Signature of Candidate:**

X 

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

I, Sophia Haynes do hereby accept the appointment designated above as:

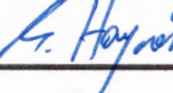
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 3/22/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

**STATEMENT OF  
CANDIDATE**

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

OFFICE USE ONLY  
CITY CLERK  
CITY OF SUNRISE

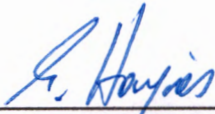
2024 MAR 22 PM 1:16

I, Sophia H. Haynes,

candidate for the office of Commissioner Seat B;

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

X



Signature of Candidate

3/22/2024

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).