## **WAIVER OF REPORT**

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

CHTY OF SUNRISE

2024 JUN -6 PM 12: 48

(PLEASE	TYPE)	OFFICE USE ONLY			
Sharoe Kraiv	151/1	Comissioner	seat B		
Name		Offic	e Sought		
0711 NW 26th St		Sincise	FL	33322	
Addres	S	City	State	Zip Code	
Gandidate	Political Committee	Party Executi	ve Committee		
NOTE: This form does not apply waiver) that no reportable co		cations organization (ECO). An ere made during the reporting pe			
Check here if address has ch	anged since last report.	Check here if PC has DISE reports.	BANDED and will no	longer file	
TYPE OF REPORT (	Check Appropriate Box	x and Complete Applicab	le Line beneath	Box)	
QUARTERLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REI	PORT TYPE	
indicate report #	Indicate report #	Indicate report #	Indicate report as applicable:	type and #	
2	TERMINATION REPORT	SPECIAL ELECTION			
NOTIFICATION OF N	O ACTIVITY IN CAMPAIG	ON ACCOUNT FOR THE REF	PORTING PERIO	D OF	
3/31/24	_ 4/1/2024 THR	ough <u>4/30/24</u>	5-14-202	Y	
x LOK		6/2/	24		
Si	gnature		Date		
x Di Li	·	6-2-	- 24		
Si	gnature		Date		
QUIRED SIGNATURES FOR:	Political Committees:	Treasurer or Deputy Treasurer			
	Party Executive Committee Treasurer and Chairman		s. 100.07(3), F.S.)		
ccept as noted above for an ECO, received) the filing of the require	in any reporting period when	there has been no activity in the the filing officer must be notified	account (no funds e in writing on the pro	expended or escribed	

## **WAIVER OF REPORT**

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

(PLEASE TYPE)

CITY CLERK CITY OF SUNRISE

2024 APR -9 AM 10: 56

OFFICE USE ONLY

Sharne Alexia	Krainski	(ommissione)	- Seat B		
Name		Office Sought			
10711 NW 26th	Street	Sunrise	FL 33322		
Add	ress	City	State Zip Code		
Candidate	Political Committee	Party Executive	e Committee		
NOTE: This form does not app waiver) that no reportable	oly to an electioneering commune contributions or expenditures v	ications organization (ECO). An Edvere made during the reporting peri	CO must file a report (not a od (s. 106.0703(6), F.S.).		
Check here if address has	changed since last report.	Check here if PC has DISBA reports.	NDED and will no longer file		
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applicable	Line beneath Box)		
QUARTERLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	☐ <u>OTHER REPORT TYPE</u>		
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:		
	☐ TERMINATION REPORT	SPECIAL ELECTION			
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	ON ACCOUNT FOR THE REPO	RTING PERIOD OF		
01/01	/24 THR	ои <b>с</b> н03/31/24			
x Alm		04 <i>10712</i> 4	4		
	Signature		Date		
x Jikit	<b>_</b> -	04/0	7/24		
•	Signature		Date		
REQUIRED SIGNATURES FOR:	Political Committees:		,		
Except as noted above for an ECC received) the filing of the requi	), in any reporting period when t	here has been no activity in the acc	count (no funds expended or writing on the prescribed		

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before

CITY CLERK

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opening the campaign account.					OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX	K(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)			3. Address (include PO Box or Street, City, State, Zip Code):			
(Please Print of	V CO VOSK		711 NW 26+1			
Sharae Alexia Krainski			nrise, FL	55514		
4. Telephone:						
16091332-2064	09) 332-2064 122643430 (not required for qualifying purposes) Snarove Krainski @ gmail, C					
7. Office Sought (include district	t, circuit, group, or seat			nonpartisan	office, check the box	
Commissioner Seat B   if applicable:						
9. If a candidate for partisan o	ffice, check the box an	d fill in the na	me of the party as ap	oplicable: I into	end to run as a	
	Party Affiliation Candida	ate			_ Party candidate.	
10. I have appointed the follo			npaign Treasurer		/ Treasurer	
11. Name of Treasurer or Dep	outy Treasurer:	12. T	elephone:	13. Email	Address:	
Timothy Krai	nski	60	1 1 332 - 2064	Sharaekn	cinshi@gmail.com	
14. Mailing Address:		15. City:	16. 3	State:	17. Zip Code:	
10711 NW 26th S	+.	Sunris	e F		33322	
18. I have designated the following	lowing bank as my (che	eck appropriate	box): Primary De	pository S	econdary Depository	
19. Name of Bank:			20. Address:			
Bank of Ameri	ca	22. County:	31 W. Browa	state:	24. Zip Code:	
		0 .	1 1	state:	32324	
Plantation UNDER PENALTIES OF PER.	HIDY LIDECLARE THAT I	COWO.	All the second s	EOD THE ADD	0007	
CAMPAIGN TREASURER AND		AMPAIGN DEP	DSITORY AND THAT T	HE FACTS STA		
26. Signature of Candidate:						
25. Date: 5/25/2020	5k 3/25/20	24 X	Alkan's			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
T						
I, Time thy Scott Krainski do hereby accept the appointment designated above as:  (Please Print or Type Name)						
☑ Campaign Treasurer. ☐ Deputy Treasurer.						
		29.	Signature of Campai	gn Treasurer	of Deputy Treasurer	
28. Date: 3-25-24		X	52			
DS-DE 9 (Eff. 10/23)					Rule 1S-2.001, F.A.C.	

## STATEMENT OF CANDIDATE

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

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE

2024 MAR 25 PM 1: 48

1, Sharae A. Krainski ,		
candidate for the office of Commissioner Seat B;		
have been provided access to read and understand the requirements of		
Chapter 106, Florida Statutes.		
X Al Krain 3/25/2024		
Signature of Candidate 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).