

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

(PLEASE TYPE)

OFFICE USE ONLY  
**RECEIVED**

2006 JUL -3 AM 10: 29

MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate

Sally A. Heyman

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

1050 NE 181 St  
North Miami Beach, FL 33162

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

Miami-Dade County Commissioner District #4

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

4. Name of Treasurer or Deputy Treasurer

Cynthia Sobel Gold

5. Mailing Address (If post office box or drawer add street address)

12000 Biscayne Blvd #402

6. Telephone

305 891-4490

7. City

Miami

8. County

Miami-Dade

9. State

FL

10. Zip Code

33181

I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank

Bank of America

12. Street Address

18201 NE 19 Ave

13. City

North Miami Beach

14. County

Miami-Dade

15. State

FL

16. Zip Code

33162

17. Signature of Candidate



Date

7/2/06

**Campaign Treasurer's Acceptance of Appointment**

I, Cynthia Sobel Gold, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Sally A. Heyman

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
(Party)

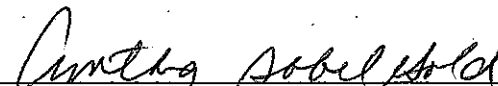
Miami Dade County Commissioner District 4 As a duly registered voter in Miami Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

7/2/06

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE TYPE)

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**RECEIVED**

2006 JUL 03 AM 10:29

MIAMI-DADE  
 ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Sally A Heyman  
 1. Address (include post office box or street, city, state, zip code):  
1050 NE 181 ST  
North Miami Beach, FL 33162

Telephone (optional): \_\_\_\_\_ 2. Party (Partisan candidates only): \_\_\_\_\_ 3. Office (add district, circuit or group number):  
Miami Dade County Commissioner #4 <sup>District</sup>

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

4. Name of Treasurer or Deputy Treasurer:  
Sally A Heyman

5. Mailing Address (If post office box or drawer add street address):  
1050 NE 181 ST 6. Telephone:  
305-651-4812

7. City: North Miami Beach 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33162

I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank: Bank of America 12. Street Address:  
18201 NE 19 Ave

13. City: North Miami Beach 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33162

17. Signature of Candidate: X  Date: 7/2/06

**Campaign Treasurer's Acceptance of Appointment**

I, Sally A Heyman, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Sally A Heyman

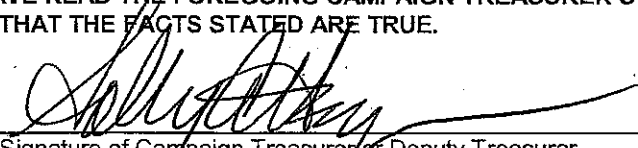
who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
 (Party)

Miami Dade County Commissioner <sup>District 4</sup> As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
 ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

7/2/06  
 Date

X   
 Signature of Campaign Treasurer or Deputy Treasurer

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2006 JUL 5 AM 10:29

MIAMI-DADE  
ELECTIONS

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Sally A Heyman,  
candidate for the office of Miami-Dade County Commission District #4  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X Sally A Heyman  
Signature of Candidate

7/2/06  
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).



Miami-Dade Supervisor of Elections  
2700 NW 87<sup>th</sup> Avenue  
Doral, FL 33172 (305) 499-8400

RECEIVED  
2006 JUL - 6 AM 9:33  
MIAMI-DADE  
ELECTIONS

**RECEIPT**

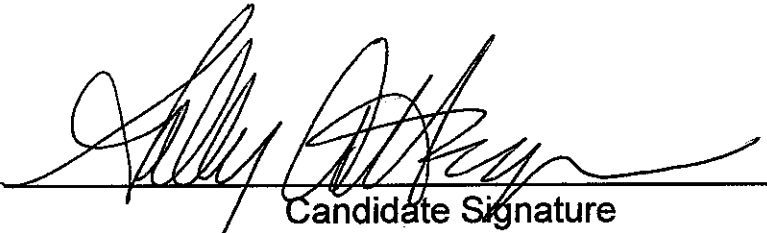
**Candidate:**

Sally                      A.                      Heyman  
First Name                      Middle Name                      Last Name

**Office:** Miami-Dade County Commissioner District # 4

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner**

Received by:   
Candidate Signature

Date: July 1, 2006



**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

MIAMI-DADE  
ELECTIONS

2006 JUL -6 PM 12:05

RECEIVED

I, Sally A. Heyman, candidate for the office of Miami Dade County Commission District 4, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

X   
Signature of Candidate

7/6/06  
Date

305-798-2601  
Day time Phone #

CSobel@sgs-cpa.com  
E-mail address

# MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Sally</i> First Name	<i>A.</i> Middle Name/Initial	<i>Heyman</i> Last Name
----------------------------	----------------------------------	----------------------------

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

## OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

*Sally A. Heyman*

(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 office of Miami-Dade County Commissioner District # 4  
(office)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- voter registration card  driver's license  property tax receipt  
 homestead exemption receipt  utility bill  lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

RECEIVED  
MIAMI-DADE  
ELECTIONS  
2006 JUN -5 PM 12:05

## SIGN HERE

*Sally Heyman*  
Signature of Candidate

*1050 NE 181 St. No Miami Bch. FL 33162 (305) 654-1311 (305) 651-4812*  
Current Address of Legal Residence Day Phone Fax Number

*(305) 798-2601* *sallygofor@bellsouth.net*  
Other Phone Number Email Address

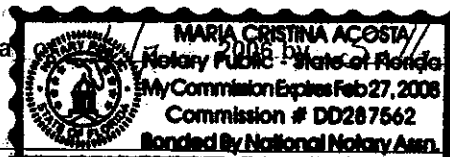
*No. Miami Bch. FL 33162 7-6-06*  
City State Zip Code Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day

*[Signature]*  
Signature of Notary Public - State of Florida



Print, type or stamp Commissioned Name of Notary Public

Personally known to me  Identification provided



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 5331633

RECEIVED FROM Sally A. Heyman

DATE 7 / 5 / 06  
MONTH DAY YEAR

ADDRESS 1050 NE 181 St.  
N. Miami Beach CITY FL 33162 STATE 33162 ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 360 . 00  
TOTAL \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Qualifying Fee - County Commission #4

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Vera A. Suter

**FOR OFFICE USE ONLY**


TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**SALLY A. HEYMAN CAMPAIGN** 02-05 197  
 305-651-4812  
 1050 N.E. 181ST ST.  
 NORTH MIAMI BEACH, FL 33162-1220

DATE 7-5-06 63-4/630 FL 1519

PAY TO THE ORDER OF Board of County Commission \$ 360<sup>00</sup>  
Three hundred sixty and 00/100 DOLLARS

FOR Sally Heyman Dist 4 

Bank of America ACH RVT 063100277

® 000197® 1063000047® 005501540080®

GUARDIAN & SAFETY