

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
2017 SEP -1 AM 10:30

MIAMI-DADE
COUNTY

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)
Sally A. Heyman

3. Address (include post office box or street, city, state, zip code)
1050 N.E. 181 Street
North Miami Beach, FL 33162

4. Telephone
(305) 798-2601

5. E-mail address
SAHeyman@gmail.com

6. Office sought (include district, circuit, group number)
County Commission, District 4

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
Cynthia S. Sobel

11. Mailing Address
900 S. Pine Island Road Ste. 220

12. Telephone
(954) 744-8440

13. City
Plantation

14. County
Broward

15. State
FL

16. Zip Code
33324

17. E-mail address
csobel@theflacpa.com

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

19. Name of Bank
Bank Of America

20. Address
18201 N.E. 19 Avenue

21. City
North Miami Beach

22. County
Miami-Dade

23. State
FL

24. Zip Code
33162

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

9-1-17

26. Signature of Candidate



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

I, Cynthia S. Sobel, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9-1-17
Date

Cynthia S. Sobel
Signature of Campaign Treasurer or Deputy Treasurer

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25. Date
9-1-17

26. Signature of Candidate
 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Sally A. Heyman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9-1-17
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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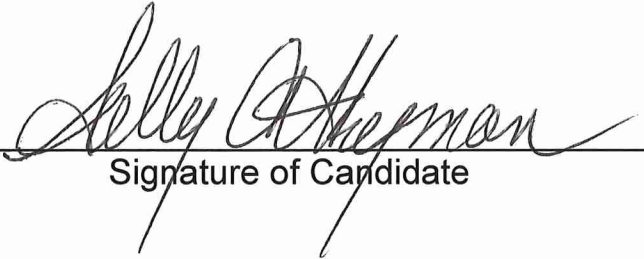
FILED
CLERK

I, Sally A. Heyman ,

candidate for the office of County Commission, District 4 ;

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

X


Signature of Candidate

9-1-17

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).



Access to Handbook and the Election Laws of the State of Florida

2017 SEP -1 AM 10:30

Candidate/Chairperson:

Sally

A.

Heyman

First Name

Middle Name

Last Name

County Commission, District 4

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Sally Heyman
Candidate / Chairperson Signature

Date: 9-1-17

Primary Telephone Number: 305-798-2601

Alternate Telephone Number: N/A

E-mail address: SAHeyman@gmail.com

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**



Candidate (office sought): County Commission, District 4

Candidate's Florida Voter Registration Number: 109083392

Political Committee: _____

Party Executive Committee: _____

Other: _____

2017 SEP - 1 AM 9:30

I, Sally A. Heyman
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity ([MD-ED 19](#)) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.

 9-1-17
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-798-2601

Alternate Contact Number: N/A

Email Address: SAHeyman@gmail.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.