

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Sally A. Heyman

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami-Dade County Commissioner

(Office)

(District/Group/Seat #)

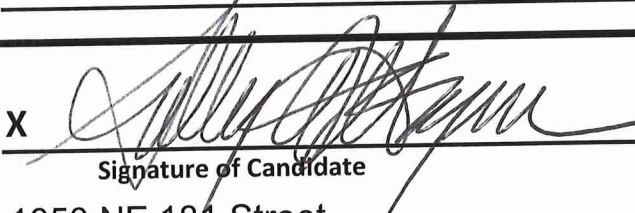
I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Candidate's Florida Voter Registration Number (located on your voter information card): 109083392

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

SAL-LEE HAY-MAN

<b>X</b>		<b>(305) 798-2601</b>	<b>saheyman@gmail.com</b>
	<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>
	<b>1050 NE 181 Street</b>	<b>North Miami Beach FL</b>	<b>33162</b>
	<b>Address</b>	<b>City State</b>	<b>ZIP Code</b>

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1 day of May, 2018.

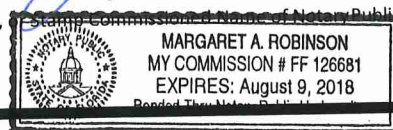
Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

**Signature of Notary Public**

Print, Type, \_\_\_\_\_



**Florida** *Sunshine State*  
DRIVER LICENSE CLASS F



[REDACTED]

SALLY ANNE  
HEYMAN  
1050 NE 181 STREET  
N MIAMI BCH, FL 33162-1220  
DOB: 11-10-1954 SEX: F  
ISSUED: 11-01-2010 HGT: 5-06  
EXPIRES: 11-10-2018  
RES: A  
ENDORSE:

*Sally A. Heyman*  
SP 2AN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED  
2018 MAY 30 AM 11:34  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**2017**

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Heyman Sally A.

MAILING ADDRESS:  
1050 NE 181 Street

CITY : ZIP : COUNTY :  
North Miami Beach 33162 Miami-Dade

NAME OF AGENCY :  
Miami-Dade County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
County Commissioner District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
 2018 MAY 30 AM 11:39  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 17 was \$ 526,000.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence - 1050 NE 181 Street, North Miami Beach, FL	185,000
5 acres Osceola County - undeveloped	52,000
Investment portfolio, bank accounts	289,000

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Miami-Dade County	111 NW 1st Street, Miami, FL 33128	51,063.41
Crime Gopher-It	1050 NE 181 St., N. Miami Beach, FL 33162	5,888.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Crime Gopher-It, Inc	Sally A. Heyman, MSCJ, JD, CPP	Coffee Brake of South Florida
ADDRESS OF BUSINESS ENTITY	1050 NE 181 St. N. Miami Beach, FL 33162	1050 NE 181 St. N. Miami Beach, FL 33162	1050 NE 181 St. N. Miami Beach, FL 33162
PRINCIPAL BUSINESS ACTIVITY	Expert Witness	Consultant	Coffee Van
POSITION HELD WITH ENTITY	Owner	Owner	Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	yes
NATURE OF MY OWNERSHIP INTEREST	sole owner	sole owner	sole owner

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

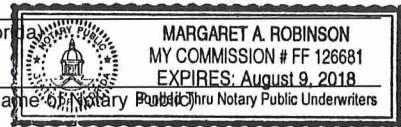
**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 1 day of May, 2018 by Sally Heyman.

(Signature of Notary Public--State of Florida)  
 (Print, Type, or Stamp Commissioned Name of Notary Public) thru Notary Public Underwriters



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

RECEIVED  
 2018 MAY 30 AM 11:34  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

2018 MAY 30 AM 11:34

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

No. 7359970

RECEIVED FROM Sally A. Heyman

DATE 05 / 30 / 2018  
MONTH DAY YEAR

ADDRESS 1050 NE 181st Street  
North Miami Beach CITY FL STATE 33162 ZIP

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

AMOUNT OF: Three hundred sixty DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee County Commissioner District 4

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

DEPT.: elections By: Will Castro

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**SALLY A. HEYMAN CAMPAIGN ACCOUNT**  
1050 NE 181ST ST  
NORTH MIAMI BEACH FL 33162-1220

1048

DATE 5-30-18

PAY TO THE ORDER OF Miami Dade County \$ 360.00  
Three hundred sixty and 00/100 DOLLARS

**Bank of America**

FOR Qualifying Fee Co-Commissioner District 4 Sally A. Heyman

**RECEIVED**  
2018 MAY 30 AM 11:35  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT