

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

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MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

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

Telephone (optional): ( )  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number):  
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:  
Sally Heyman

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

7. City: North Miami Beach  
8. County: Miami-Dade  
9. State: Florida  
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 19th Ave

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

17. Signature of Candidate: *Sally Heyman* (with X)  
Date: 6/9/09

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)

County Commissioner District 4

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.

6/9/09 Date      *Sally Heyman* (with X) Signature of Campaign Treasurer or Deputy Treasurer

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

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

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**CHECK APPROPRIATE BOX:**

Original Appointment     
  Deputy Treasurer     
  Reappointment of Treasurer

Name of Candidate <b>Sally A. Heyman</b>	1. Address (include post office box or street, city, state, zip code) <b>1050 NE 181 Street North Miami Beach, FL 33162</b>
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Telephone (optional) ( )	2. Party ( <b>Partisan candidates only</b> )	3. Office (add district, circuit, group number) <b>County Commissioner District 4</b>
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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) <b>2701 S. Bayshore Dr. Suite 401</b>	6. Telephone <b>305-443-1500</b>
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7. City <b>Coconut Grove</b>	8. County <b>Miami-Dade</b>	9. State <b>Florida</b>	10. Zip Code <b>33133</b>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <b>Bank of America</b>	12. Street Address <b>18201 NE 19th Ave</b>
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13. City <b>North Miami Beach</b>	14. County <b>Miami-Dade</b>	15. State <b>Florida</b>	16. Zip Code <b>33162</b>
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17. Signature of Candidate <b>X</b> 	Date <b>6/9/09</b>
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**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)

County Commissioner District 4

**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.**

6/9/09  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Miami-Dade, COUNTY

OFFICE USE ONLY

I,	Sally	A.	Heyman
	First Name	Middle Name/Initial	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 County Commissioner, 4,   
(office) (district) (group)

My legal residence is Miami-Dade County, Florida. I am qualified under the Constitution and the Laws of Florida 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.

Sally Heyman (305) 798-2601 sallygofer@bellsouth.net  
Signature of Candidate Daytime Telephone Number Email Address

1050 NE 181st Street North Miami Beach FL 33162  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 9<sup>th</sup> day of June, 2009.

Personally Known:  or

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

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

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



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**STATEMENT OF  
CANDIDATE**

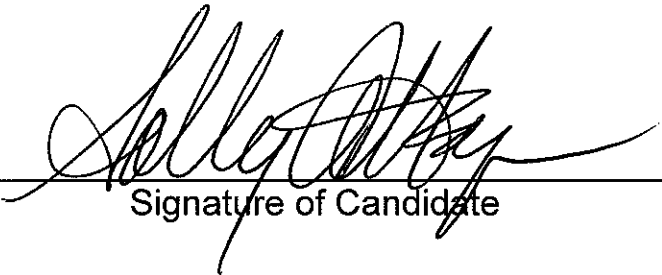
(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Sally A. Heyman,  
candidate for the office of County Commissioner District 4;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
Signature of Candidate

6/9/09  
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  
ELECTIONS

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

I, Sally A. Heyman, candidate for the office of Commissioner 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 electronically simultaneously with and in addition to the original signed report, I further declare that:

I will use the software provided by the Supervisor of Elections.

*Sally A. Heyman*  
Signature of Candidate

6/9/09  
Date

Day Time Phone No.: 305-798-2601

E-mail address: csobel@~~fl~~acpa.com

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