

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
MIAMI-DADE
ELECTIONS
2009 JUN -9 AM 11:27

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:
Cynthia Sobel Gold

5. Mailing Address (If post office box or drawer add street address):
2701 S. Bayshore Dr. Suite 401
6. Telephone:
305-443-1500

7. City: Coconut Grove 8. County: Miami-Dade 9. State: Florida 10. Zip Code: 33133

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* Date: 6/9/09

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

Cynthia Sobel Gold
Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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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' mark)
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' mark)
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

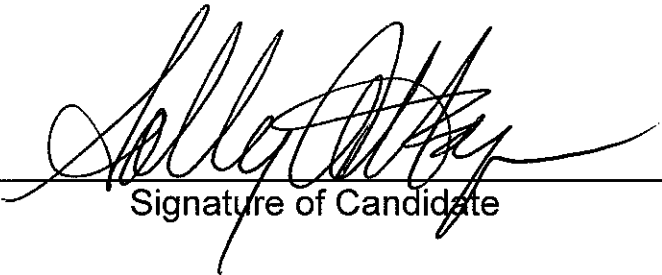
(Section 106.023, F.S.)

(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).

RECEIVED
MIAMI-DADE
ELECTIONS
2009 JUN -9 AM 11:27

Receipt of Handbook and the
Election Laws of the State of Florida



Candidate/Chairperson:

Sally A. Heyman
 First Name Middle Name Last Name

Miami-Dade County Commissioner District 4
 Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida			<input checked="" type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:
 Candidate/Chairperson Signature

Date: 6-1-10

Phone No.: 305-798-2601 Fax No.: 305-651-4812

E-mail address: Sallygofer@BellSouth.net

RECEIVED
 MIAMI-DADE
 ELECTIONS
 2010 JUN -3 PM 12:50



**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~~flacpa.com

RECEIVED
2009 JUN -9 AM 11:27
MIAMI-DADE
ELECTIONS

LOYALTY OATH FOR MIAMI-DADE COUNTY COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>SALLY</u> <small>First Name</small>	<u>A.</u> <small>Middle Name/Initial</small>	<u>Heyman</u> <small>Last Name</small>
----	---	---	---

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 7

RECEIVED
 MIAMI-DADE COUNTY
 ELECTIONS
 2010 JUN -3 PM 12:00

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 Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least 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:

- 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.

Sally Heyman
 305-798-2601
 Sallygolfer@Bellsouth.net
Signature of Candidate Daytime Telephone Number Email Address

1050 NE 181 St.
N. Miami Beach
FL
33162
Address City State Zip Code

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 26th day of May, 2010 by Sally A. Heyman

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



SALLY A. HEYMAN CAMPAIGN ACCOUNT

1155

1050 NE 181ST ST
NORTH MIAMI BEACH FL 33162-1220

DATE 1 June 2010

63-4630 FL
1519

PAY TO THE ORDER OF

Board of County Commissioners

\$ 360.00

Three hundred sixty and 00/100

DOLLARS

Security Features Details on Back

Bank of America



ACH R/T 063100277

FOR

Finance Dept BCC #4

MP



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5872184

RECEIVED FROM Sally A. Heyman

DATE 6 / 3 / 10

MONTH DAY YEAR

ADDRESS 1050 NE 181 ST

CASH \$ _____

North Miami Beach FL 33162

CHECKS \$ 360.00

STREET ADDRESS CITY STATE ZIP

TOTAL \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist 4

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

DEPT.: Elections

BY: MARIA ACOSTA

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT