

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sally A. Heyman  
 Name

(2) 1050 NE 181 Street  
 Address (number and street)  
North Miami Beach, FL 33162  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1147464]

Submitted on:  
 1/3/2018 11:31:25 (eastern)

Check here if address has changed

(3) ID Number: 2047

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 04
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 1 / 2017 To 11 / 30 / 2017 Report Type: 17M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , -12 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , -12 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , -12 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , -12 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 298 , 859 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 18 , 346 . 57

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sally A. Heyman (2) I.D. Number 2047

11/1/2017 through 11/30/2017

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/17/2017 / /	BANK OF AMERICA, P.O. BOX 15284 WILMINGTON, DE 19850	B	bank	RE		Delete	\$12.00
1							
11/17/2017 / /	BANK OF AMERICA, P.O. BOX 15284 WILMINGTON, DE 19850	B	bank	RE		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sally A. Heyman

(2) I.D. Number 2047

(3) Cover Period 11/1/2017 through 11/30/2017

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/17/2017 //	BANK OF AMERICA, P.O. BOX 15284 WILMINGTON, DE 19850	refund bank fee	RE	Add	\$-12.00
1					
//					
//					
//					
//					
//					
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