

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

2008 JUN 20 AM 8:50

FLORIDA STATE
DIVISION OF ELECTIONS

47242

CHECK APPROPRIATE BOX:



Original Appointment



Deputy Treasurer



Reappointment of Treasurer

Name of Candidate

Sarah Roman

1. Address (include post office box or street, city, state, zip code)

9841 El Camino Real Port Richey FL 34668

Telephone (optional)

()

2. Party (Partisan candidates only)

Green Party of Florida

3. Office (add district, circuit, group number)

Florida House 44

I have appointed the following person to act as my



Campaign Treasurer



Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Sarah Roman

5. Mailing Address (If post office box or drawer add street address)

9841 El Camino Real Port Richey, FL 34668

6. Telephone

727-992-4650

7. City

Port Richey

8. County

Pasco

9. State

FL

10. Zip Code

34668

I have designated the following named bank as my



Primary Depository



Secondary Depository

11. Name of Bank

Bank Atlantic

12. Street Address

8522 US Hwy 19

13. City

Port Richey

14. County

Pasco

15. State

FL

16. Zip Code

34668

17. Signature of Candidate

X

Date

06/19/08

Campaign Treasurer's Acceptance of Appointment

I, Sarah Roman, do hereby accept the appointment as
(Please Print or Type)



Campaign Treasurer



Deputy Treasurer

for the campaign of

Sarah Roman

who is seeking nomination or election as a

Green Party of Florida

Florida House 44SR

candidate to the office of

(Party)

Florida House 44

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.

06/19/08

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2008 JUN 20 AM 8:50

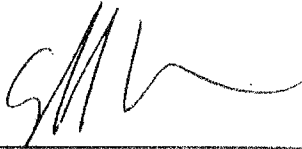
FLORIDA STATE
DIVISION OF ELECTIONS

I, Sarah Roman,

candidate for the office of Florida House District 44;

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

X



Signature of Candidate

06/19/08

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).

47242

2008 JUN 20 AM 10:52

STATE
DIVISION OF COLLECTIONS

Sarah A Roman
9841 El Camino Real
Port Richey, FL 34668

0983
63-8376/2670
802

PAY
TO THE
ORDER OF

Florida Department of State

DATE 06/20/08

ONE Thousand Nine Hundred Fifteen dollars & 92/100

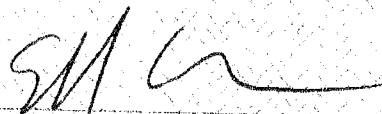
\$ 1915.92

DOLLARS

BankAtlantic

Florida's Most Convenient Bank

FOR Filing Fee District 47



⑈000983⑈ ⑆267083763⑆ 0063440968⑈

GUARDIAN IS SAFETY
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LOYALTY OATH
CANDIDATES WITH PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA
Pasco COUNTY

OFFICE USE ONLY

FILED

08 JUN 20 AM 10:53

47242 DIVISION OF ELECTIONS
 SECRETARY OF STATE

I, <u>Sarah</u>	<u>Anne</u>	<u>Roman</u>
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, Sarah Roman
(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 State House, 44, X⁵²
(office) (district) (circuit)

 I am a qualified elector of Pasco County, Florida. I am qualified
(group)

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.

STATEMENT OF PARTY
(Section 99.021, Florida Statutes)

I am a member of the Green Party of Florida party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X *[Signature]* (727) 992-4650

Signature of Candidate Daytime Telephone Number

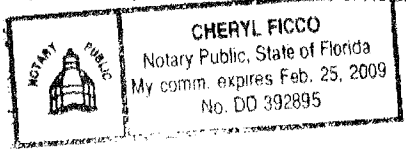
9841 El Camino Real Port Richey FL 34668
 Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2008.

Personally Known: _____ or
 Produced Identification: ✓

Type of Identification Produced: Florida Drivers License

[Signature]
 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2007

FILED

LAST NAME — FIRST NAME — MIDDLE NAME:
 Roman Sarah Anne

FOR OFFICE USE ONLY:

08 JUN 20 AM 10: 53

MAILING ADDRESS:
 9841 El Camino Real

DIVISION OF ELECTIONS
 SECRETARY OF STATE

CITY: Port Richey ZIP: FL COUNTY: Pasco

ID No.

NAME OF AGENCY:

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Florida House District 44

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

417242

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, 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 June 19 2008 was \$ 5,219

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.

The aggregate value of my household goods and personal effects (described above) is \$ 2,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Car	1,200
Furniture	1,300

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

FILED

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all attachments, or (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2007 federal income tax return. (If you check this box and attach a copy of your 2007 federal income tax return, you need not complete the remainder of Part D.)

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PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Community Center	7745 Ridge Rd	15,000
TGI Fridays	Enterprise Rd Clearwater, FL	12,000

DIVISION OF ELECTIONS
SECRETARY OF STATE

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

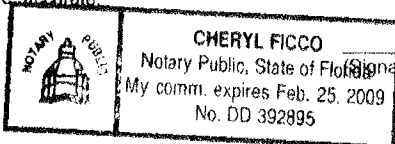
OATH

STATE OF FLORIDA
COUNTY OF Pasco

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 19 day of

June, 2008 by Sarah A Roman



[Signature]
Signature of Notary Public—State of Florida)

Cheryl Ficco
(Print, Type, or Stamp (Commissioned Name of Notary Public))

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Signature]

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Drivers License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.