

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

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

(PLEASE PRINT OR TYPE)

2019 AUG 28 PM03:16

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Anna Mary Prizzia

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

2530 NW 11th Ave  
Gainesville, FL 32605

**4. Telephone**

(910 ) 8943441

**5. E-mail address**

annaforalachua@gmail.com

**6. Office sought** (include district, circuit, group number)

Alachua  
County Commission, District 3

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     Democrat    \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

~~Kristin Sullivan~~ <sup>AMP</sup> Kristine Sullivan

**11. Mailing Address**

5649 SE 8th Avenue

**12. Telephone**

(352) 494-6948

**13. City**

Gainesville

**14. County**

Alachua

**15. State**

FL

**16. Zip Code**

32641

**17. E-mail address**

sullkm@shands.ufl.edu

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Campus USA Credit Union

**20. Address**

1200 SW 5th Ave

**21. City**

Gainesville

**22. County**

Alachua

**23. State**

FL

**24. Zip Code**

32601

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

8/22/19

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Kristine Sullivan, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

8.22.19

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer