

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
2020 OCT 19 AM 11:11
SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

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)

Kristie M. HEALIS

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

687 Harvard Street
Brooksville, FL 34601

4. Telephone

(352) 238-3103

5. E-mail address

Kristiehealis@gmail.com

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

Hernando County Judge - Group 1

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 _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

William W. HEALIS

11. Mailing Address

687 Harvard Street

12. Telephone

(352) 398-5139

13. City

Brooksville

14. County

Hernando

15. State

FL

16. Zip Code

34601

17. E-mail address

Bhealis@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Suntrust

20. Address

7 Jefferson Street

21. City

Brooksville

22. County

Hernando

23. State

Florida

24. Zip Code

34601

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

October 19, 2020

26. Signature of Candidate

X Kristie Healis

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

I, William Healis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.



Date

X

Signature of Campaign Treasurer or Deputy Treasurer