

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) healy, sylvia, , ,		
(b) Address (number and street) 218 leslie lane		☐ Check if address changed
(c) City, State, and ZIP Code lake mary FL 32746		2. Candidate's FEC Identification Number P40020810
4. Party Affiliation NPA		5. Office Sought Presidential
6. State & District of Candidate 00		3. Is This Statement ☒ New (N) OR ☐ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) HEALY HEALER		
(b) Address (number and street) 218 LESLI E LANE		
(c) City, State, and ZIP Code LAKE MARY FL 32746		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate HEALY, SYLVIA, , ,	Date 07/22/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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