

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED BY
CITY CLERK'S OFFICE
2019 AUG 22 AM 8:57

(PLEASE PRINT OR TYPE)

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)

BRIAN HEADY

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

406 19th St
VERO BEACH
FL 32960

4. Telephone

(772) 696-4242

5. E-mail address

brianheady@msn.com

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

CITY COUNCIL

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

BRIAN HEADY

11. Mailing Address

SAME

12. Telephone

772 696-4242

13. City

V.B.

14. County

IRC

15. State

FL

16. Zip Code

32960

17. E-mail address

brianheady@msn.com

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

19. Name of Bank

WELLS FARGO

20. Address

20th St

21. City

VERO BEACH

22. County

IRC

23. State

FL

24. Zip Code

32960

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 Brian Heady

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

I, Brian BRIAN HEADY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/22/19
Date

X Brian Heady
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
RECEIVED BY
CITY CLERK'S OFFICE
2019 AUG 22 AM 8:57

I, BRIAN HEADY,

candidate for the office of CITY COUNCIL;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Brian Heady
Signature of Candidate

8/22/19
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).

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED BY
CITY CLERK'S OFFICE
2019 AUG 22 AM 8:57

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Brian Heady

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of City Council, _____
(Office) (District #)

_____ ; I am a qualified elector of Indian River County, Florida;
(Circuit #) (Group or Seat #)

I am qualified 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 104617319 (59761690)

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Brian A Heady (772) - 696-4242 brianheadyansw.com
Signature of Candidate Telephone Number Email Address
400 1949 35 VERO BEACH FL 32940
Address City State ZIP Code

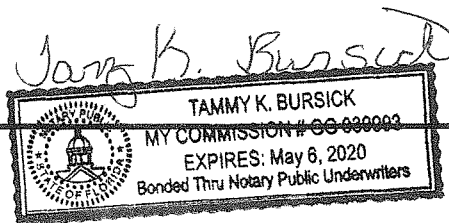
STATE OF FLORIDA
COUNTY OF Florida

Tammy K. Bursick
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 22nd
day of August, 2019.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



NOTICE OF CANDIDACY
AND AFFIDAVIT OF CANDIDATE

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

RECEIVED BY
CITY CLERK'S OFFICE

2019 AUG 22 AM 8:58

I, Brian Heady, depose and state:
(Name of Candidate)

1. My name is Brian Heady,
2. I am offering myself as a candidate for election to the office of councilmember of the City of Vero Beach, Florida.
3. I am or will be at least 18 years old by the end of the qualifying period.
4. I have resided in the City of Vero Beach continuously for the one (1) year immediately preceding the last day of the qualifying period and I am a qualified and registered elector of the City of Vero Beach, Florida, presently registered to vote in precinct number 25.
5. I presently reside at the following address (must include zip code):
406 19th St Vero Beach FL 32960, which is my permanent, legal address, and I have resided continuously at said address since the 25 day of 1992. *Over 20 years ago*
6. Immediately prior to residing at the above-stated address, I have resided at the below listed addresses for the specified periods of time: (If your residence at the address listed in number 5 above has been for less than one (1) full year, list all other addresses at which you have resided for the past one (1) year and specify the time period at each address, including starting and ending dates).

Prior Addresses

For the Period

*For additional residences, attach additional sheets as necessary.

7. At the present time, I am not registered to vote in any city, county, or state other than as specified in paragraph 4, above.
8. I acknowledge that, if elected, I must continuously maintain my permanent legal residence within the City of Vero Beach and my status as a registered and qualified elector of the City for the duration of my term of office and if I fail to do so I will forfeit my office as city councilmember.

VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Notice of Candidacy and Affidavit of Candidate and that the facts stated in it are true.

Brian Heady
Print candidate name

Brian A Heady
Candidate signature

Date: 8/22/19

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BRIAN HEADY

RECEIVED BY
CITY CLERK'S OFFICE

MAILING ADDRESS :

406 19th St

2019 AUG 22 AM 8:58

VERO BEACH FL 32960 VRC

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Spinal Security</i>	<i>Washington DC</i>	<i>Security</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>TEBE</i>		<i>Washington DC</i>	<i>Retirement Plan</i>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
n/a	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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		

PART G — TRAINING

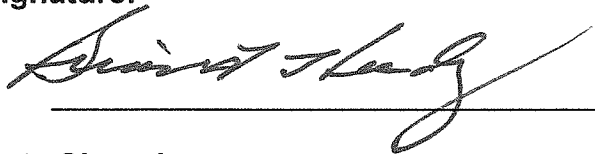
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

8/22/19

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEFom1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.



Florida Elections Commission

RECEIVED BY
CITY CLERK'S OFFICE



AFFIDAVIT OF FINANCIAL HARDSHIP

2019 AUG 22 AM 8:58

I, Brian Heady, a candidate for the office of
Print Name
City Council do hereby certify, pursuant to
 Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
 \$ 158⁰⁰ to qualify for nomination or election to public office because paying the assessment
 would be an undue burden on my personal financial resources or on the financial resources available to
 me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct
 statement.

8/22/19 Date Brian Heady Signature of Candidate

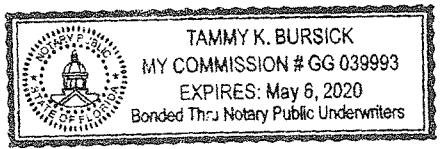
Address: 406 19th St

City: VERO BEACH State: FL Zip: 32960

Sworn to (or affirmed) and subscribed before me this 22nd day of August, 20 19 by
Brian Heady

Tammy K. Bursick Signature of Notary Public - State of Florida
 Personally Known Produced Identification

Print, Type, or Stamp Commissioned Name of Notary Public



Type of Identification Produced _____

Received by:
 Name: _____
 City: _____

Telephone: _____
 Date of Election: _____