

AFFIDAVIT OF INTENT SARASOTA COUNTY FLORIDA SARASOTA COUNTY FLORIDA SARASOTA COUNTY, FLORIDA FILED FOR RECORD SARASOTA COUNTY

I, <u>KICHARS</u> <u>BRARN</u>, certify that I intend to qualify as a PRINT CANDIDATE NAME
candidate for the Special District office of <u>Venetian</u> <u>CDD</u> <u>Seat</u> <u>#5</u> in the <u>DISTRICT NAME. SEAT NUMBER</u> <u>NONTH. YEAR</u> election; and that I will not collect, solicit, or accept any money or contribution in-kind in connection with my campaign. My only campaign expense, from personal funds, will be the candidate filing fee or the signature verification fee for candidates who qualify by the petition process.

Therefore, I am not required to appoint a campaign treasurer or designate a campaign depository pursuant to Florida Statute 99.061. And I am not required to file periodic campaign treasurer's reports as required by Florida Statute 106.07.

I understand that in the event I collect, solicit, or accept any money or contribution in-kind or make a campaign expense that is not in accordance with this affidavit, this affidavit will become null and void, and my campaign will be subject to the campaign finance regulations outlined in Florida Statutes, Chapter 106, Campaign Financing.

## UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE PRECEDING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

ZACCU

SIGNATURE OF CANDIDATE

03 04 24

DATE

EMAIL ADDRESS: \_ RABRACCO @ VCDD.ORG

631 TELEPHONE: 807-1956

Sar-C1: Special District Candidate Affidavit