



SUPERVISOR OF ELECTIONS

Acknowledgement of Candidate's Intention to Qualify

2020 MAY 29 AM 10:58

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

ST. JOHNS COUNTY

(Special Districts, Community Development Districts)

VICKY OAKES

Name: WILL SIMMONS
(Print Name of Candidate)

Office Sought:

Special District: _____
(Office and Seat #)

Community Development District: TYARBULL CREEK CDD SEAT #2
(CDD Name and Seat #)

Campaign Account:

I AM NOT going to open a campaign account during my candidacy.

I, WILL SIMMONS
(Print Name)

will not be opening a campaign account. However, I understand that, in the event I choose to do so at a later date, I am required to file the requisite forms for this office with the SOE before opening the account. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

I AM going to open a campaign account during my candidacy.

I, _____
(Print Name)

understand that, before opening a campaign account, I am required to file the requisite forms for this office with the SOE. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

Will Simmons
Candidate Signature

5/20/20
Date

3912 S. TRAPANE DR
Address

ST. AUGUSTINE FL 32092
City / State / Zip

917-969-0543
Phone Number

WILLIAMS@AOL.COM
E-Mail Address