



## Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: GAYLE GARDNER  
(Print Name of Candidate)

### Office Sought:

☒ Special District: ANASTASIA MOSQUITO CONTROL SEAT 5  
(Office and Seat #)

☐ Community Development District: \_\_\_\_\_  
(CDD Name and Seat #)

### Campaign Account:

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

I, \_\_\_\_\_  
(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, GAYLE GARDNER  
(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.

[Signature]  
Candidate Signature

5/21/2020  
Date

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Address

St Augustine FL 32085  
City / State / Zip

(904) 315-5913  
Phone Number

EQUS6@AOL.com  
E-Mail Address