



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: Thomas L Barton
(Print Name of Candidate)

Office Sought:

- Special District: _____
(Office and Seat #)
- Community Development District: Madaira CDD Seat #4
(CDD Name and Seat #)

SUPERVISOR OF ELECTIONS
2020 JUN -1 PM 2:00
ST JOHNS COUNTY
VICKY OAKES

Campaign Account:

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

I, Thomas L Barton
(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.

Thomas L Barton
Candidate Signature

6-1-2020
Date

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Address

St. Augustine FL 32095
City / State / Zip

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Phone Number

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E-Mail Address