



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

SUPERVISOR
OF ELECTIONS
2020 JUN -8 PM 2:21

ST JOHNS COUNTY
VICKY OAKES

Name:

Robert L. Cameron

(Print Name of Candidate)

Office Sought:

- ☐ Special District: _____ (Office and Seat #)
- ☒ Community Development District: RIVERS Edge CDD SEAT 3
(CDD Name and Seat #)

Campaign Account:

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

I, Robert L. Cameron
(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.

Robert L. Cameron
Candidate Signature

6-8-2020
Date

72 SORRELL CT.
Address

SAINT JOHNS, FL 32259
City / State / Zip

678-640-8449
Phone Number

RCAMERO9@yahoo.com
E-Mail Address