

Phone Number

Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Cor	nmunity Development Districts)			
Name: TECAREN I SICKEY (Print Name of Candidate)		VICKY	200	OF MP
Office Sought:		(3)	9	IM ZO
□ Special District:	(Office and Seat #)	COUNT	ó	50
A		~	- <u>e</u>	(A)
Community Development District: Work	(CDD Name and Seat #)			
Campaign Account:				
☑ I AM NOT going to open a campaign account				
1, JEKREY J SILA (Print Name)	6 7	,		
will not be opening a campaign account. How date, I am required to file the requisite forms for understand that a Campaign Treasurer's Report to the appropriate reporting schedule. I AM going to open a campaign account during	or this office with the SOE before oper ort(s) must be filed electronically via the ground of the gr	ning the a	account.	l also
I,(Print Name)		,		
understand that, before opening a campaign a with the SOE. I also understand that a Campa SOE website according to the appropriate reportant Candidate Signature	account, I am required to file the requis aign Treasurer's Report(s) must be file			
366 CASA SEVILLA AVE Address	ST AUGUSTIVE, FL City / State / Zip	- 32	<u>512</u>	
609-294-1994	1 eff 382016) 40	hoo.	() r-	

E-Mail Address