

## **Acknowledgement of Candidate's Intention to Qualify**

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: ED SLAVI M (Print Name of Candidate)				
Office Sought: ANASTASIA M	AMCD of STC (Office and Seat #)	al P	12	TRIE
Special District: SEAT 5	AMOD of SJC			
	(Office and Seat #)		~	1,
		< 3	2	90
☐ Community Development District:	(CDD Name and Seat #)	ST JOHN		m o
Campaign Account:		000	2	
I AM NOT going to open a campaign account of	during my candidacy.		Ö	
I, SLAVIN (Print Name)	aum g my camaraacy.	(D) ==	2	(0)
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.				
(Print Name) understand that, before opening a campaign ac with the SOE. I also understand that a Campa SOE website according to the appropriate repo	ign Treasurer's Report(s) must be filed			
Box 3084 Address	St. Augustine FL City/State/Zip	3208	25	
Phone Number	Ed forstjohns county@ E-Mail Address	gma.	1. com	\