

Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: TATME R. TOPP (Print Name of Candidate)		
Office Sought: Special District: Special Di	COUNTY ATRIORT ATROVETUD (Office and Seat#)	ortg
☐ Community Development District:	(CDD Name and Seat #)	
Campaign Account: I AM NOT going to open a campaign account of		1 0
I,		also
	ccount, I am required to file the requisite forms for this offi aign Treasurer's Report(s) must be filed electronically via t	
Candidate Signature	2/1/22 Date	
6119 OND DIXTE DR Address	ST. AUGUSTINE, SC 32099 City / State / Zip	<u></u>
<u>705-967-6076</u> Phone Number	TRTOPP & UTT TAKE. COM E-Mail Address	