



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: THOMAS FERRY
(Print Name of Candidate)

Office Sought:

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: HERITAGE PARK CDD SEAT 5
(CDD Name and Seat #)

Campaign Account:

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

I, THOMAS FERRY
(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 Ferry
Candidate Signature

3/21/2022
Date

724 S. HERITAGE CREEKWAY
Address

ST. AUGUSTINE, FL, 32084
City / State / Zip

914-671-5372
Phone Number

TVF1953 @ AOL.com
E-Mail Address

ST. JOHNS COUNTY
VICKY OAKES
2022 MAR 21 AM 10:39
SUPERVISOR
OF ELECTIONS