

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

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: <u>CARY Howell</u> (Print Name of Candidate)		
Office Sought:		
Special District: Anastasia Mc	Office and Seat #)	strict - Seat
☐ Community Development District:	(000 )	
	(CDD Name and Seat #)	20
Campaign Account:		ST JOH
✓ <b>I AM NOT</b> going to open a campaign account	t during my candidacy.	< = 1 m = 1
1, Copy Howell (Print Name)		
will not be opening a campaign account. How date, I am required to file the requisite forms understand that a Campaign Treasurer's Rep to the appropriate reporting schedule.	for this office with the SOE before ope	choose to do so at a later ning the account. I also
☐ IAM going to open a campaign account during	ng my candidacy.	
I,(Print Name) understand that, before opening a campaign with the SOE. I also understand that a Camp SOE website according to the appropriate rep	account, I am required to file the requi paign Treasurer's Report(s) must be file	
Candidate Signature	APR: L 15 2022 Date	
170 Harvest La Address	St. Augustene Fl City/State/Zip	32084
904-1669-3591 Phone Number	a-Chowellaatt EMail Address	rnet