

Acknowledgement of Candidate's Intention Qualify

WITH (OR WITHOUT) OPTION TO OPEN AND MITHGRAGE OUNT

(Special Districts, Con	nmunity Development Districts)	
Name: DAVIO M. DELMAST (Print Name of Candidate)	ST JOHNS COUNTY VICKY OAKES	
Office Sought:		
□ Special District:	(Office and Seat #)	
	^	Cont
Community Development District:	CDD Name and Seat#)	
Campaign Account:	ू अ स	0 F 2022 J
date, I am required to tile the requisite forms to	rever, I understand that, in the event I choose to or this office with the SOE before opening the action ort(s) must be filed electronically via the SOE with the solution of	ccoung I also
	account, I am required to file the requisite forms aign Treasurer's Report(s) must be filed electron	
185 DALTON CIRCLE	SAINT AUGUSTIUE, F	1. 32092
412 - 722 - 6156 Phone Number	david delmaster ()	4 AHOO, CON