

SUPERVISOR Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts) COUNTY

Name: CURTIS J. KOBINSON	VICTO CITIES
Name: Curtis J. Kobinson (Print Name of Candidate)	
Office Sought:	
☐ Special District:	
-	(Office and Seat #)
Community Development District: _ Wo	(CDD Name and Seat #)
Campaign Account:	
LAM NOT going to open a campaign accou	
I,(Print Name	
date, I am required to file the requisite forms	owever, I understand that, in the event I choose to do so at a later is for this office with the SOE before opening the account. I also eport(s) must be filed electronically via the SOE website according
 I AM going to open a campaign account dur . 	
I,(Print Nam	e)
understand that, before opening a campaigi	n account, I am required to file the requisite forms for this office npaign Treasurer's Report(s) must be filed electronically via the
Mes	6/15/22
Candidate Signature	Date '
800 PORTO CRISTO AVE Address	ST. Augus hNE, FL 32092 City / State / Zip
904-940-0567 Phone Numb	<u> WORLU COMMERCECUD CURTIS @ CO</u> MAIL . COM E-Mail Address