

Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

	nmunity Development Districts)
Name: Susan G. Philips (Print Name of Candidate)	<u> </u>
Office Sought: St. Augusti Special District: Alport Au	thorty Group Three (3) (Office and Seat #)
☐ Community Development District:	(CDD Name and Seat #)
Campaign Account:	JOHNS CKA
date, I am required to file the requisite forms for	during my candidacy. A C C C C C C C C C C C C C C C C C C
with the SOE. I also understand that a Campa SOE website according to the appropriate report that a Campa SOE website according to the appropriate report to the appropriate report to the solution of the sol	account, I am required to file the requisite forms for this office aign Treasurer's Report(s) must be filed electronically via the orting schedule. Laccount, I am required to file the requisite forms for this office electronically via the orting schedule.
Address 6312	St. Augustine, Fr 32087 City/State/Zib
828-545-4093 Phone Number	Sgphillips 1234 @ E-Mail Address - QNAil. Com