



# Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: GILBERT (SKIP) THOMPSON  
(Print Name of Candidate)

SUPERVISOR OF ELECTIONS

FEB 21 2024

ST. JOHNS COUNTY

### Office Sought:

Special District: \_\_\_\_\_  
(Office and Seat #)

Community Development District: GLEN ST. JOHNS # 2  
(CDD Name and Seat #)

### Campaign Account:

**I AM NOT** going to open a campaign account during my candidacy.  
I, GILBERT F. THOMPSON  
(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.

Gilbert F. Thompson  
Candidate Signature

2-21-24  
Date

39 LONG POINT WAY  
Address

ST. AUGUSTINE FL. 32092  
City / State / Zip

215-880-3788  
Phone Number

SKIPPER513@GMAIL.COM  
E-Mail Address