



# Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

SUPERVISOR OF ELECTIONS

Name: RON CERVELLI  
(Print Name of Candidate)

MAR 20 2024

ST. JOHNS COUNTY

## Office Sought:

- Special District: \_\_\_\_\_  
(Office and Seat #)
- Community Development District: SWEETWATER CDD Seat # 4  
(CDD Name and Seat #)

## Campaign Account:

- I AM NOT** going to open a campaign account during my candidacy.

I, RON CERVELLI  
(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.

RON CERVELLI  
Candidate Signature

MAR 20 2024  
Date

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Address

ST. AUGUSTINE, FL 32095  
City / State / Zip

904 206 3200  
Phone Number

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E-Mail Address