



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: Christopher K. Way
(Print Name of Candidate)

APR 26 2024

ST. JOHNS COUNTY

Office Sought:

Special District: Port + Waterway Group 4
(Office and Seat #)

Community Development District: _____
(CDD Name and Seat #)

Campaign Account:

I AM NOT going to open a campaign account during my candidacy.
I, at this time Christopher K. Way
(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.

[Signature]
Candidate Signature

4-26-2024
Date

39 Avista Circle
Address

St. Augustine, FL 32080
City / State / Zip

904-669-1339
Phone Number

cway101@bellsouth.net
E-Mail Address