



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: Shawna Berden
(Print Name of Candidate)

SUPERVISOR OF ELECTIONS

MAY 10 2024

ST. JOHNS COUNTY

Office Sought:

☐ Special District: _____
(Office and Seat #)

☒ Community Development District: Durbin Crossing Community Development District, Seat #4
(CDD Name and Seat #)

Campaign Account:

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

I, Shawna Berden
(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.


Candidate Signature

5/10/2024
Date

32 Cloisterbane Drive
Address

Saint Johns, Florida 32259
City / State / Zip

615-627-6988
Phone Number

shawnaberden@gmail.com
E-Mail Address