



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: BUD LAUDENSLAGER
(Print Name of Candidate)

MAY 10 2024
ST. JOHNS COUNTY

Office Sought:

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: TROUT CREEK CDD SEAT #5
(CDD Name and Seat #)

Campaign Account:

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

I, _____
(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

Date

331 WINDSWEEP WAY
Address

ST. AUGUSTINE, FLA 32092
City / State / Zip

630-207-7717
Phone Number

SJLAUDENSLAGER@GMAIL.COM
E-Mail Address