



## 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: William H. Clarke  
(Print Name of Candidate)

MAY 22 2024

ST. JOHNS COUNTY

### Office Sought:

- ☐ Special District: \_\_\_\_\_  
(Office and Seat #)
- ☒ Community Development District: Durbin Crossing CDD Seat # 4  
(CDD Name and Seat #)

### Campaign Account:

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

I, William H. Clarke  
(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.

William H. Clarke  
Candidate Signature

5/22/24  
Date

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Address

St. Johns FL 32259  
City / State / Zip

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Phone Number

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