



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: HERBERT SHAW
(Print Name of Candidate)

SUPERVISOR OF ELECTIONS

MAY 30 2024

Office Sought:

ST. JOHNS COUNTY

☐ Special District: _____
(Office and Seat #)

☒ Community Development District: ST. Johns Forest Seat # 5
(CDD Name and Seat #)

Campaign Account:

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

I, HERBERT SHAW
(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.

Herbert Shaw
Candidate Signature

5-30-2024
Date

299 ST. Johns Forest Blvd ST. Johns, FL 32259
Address City / State / Zip

912-424-9084
Phone Number

hshaw@bell/south.net
E-Mail Address