



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: James Christopher Conway
(Print Name of Candidate)

JUN - 7 2024

Office Sought:

ST. JOHNS COUNTY

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: Six Mile Creek, Seat #1
(CDD Name and Seat #)

Campaign Account:

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

I, James Christopher Conway
(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

6/7/24
Date

263 Weathered Edge Drive
Address

St. Augustine / Florida / 32092
City / State / Zip

904-679-3627
Phone Number

4609h@comcast.net
E-Mail Address