



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: REID CHRISTENSEN
(Print Name of Candidate)

Office Sought:

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: Six Mile Creek Seat #3
(CDD Name and Seat #)

Campaign Account:

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

I, REID CHRISTENSEN
(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.

[Signature]
Candidate Signature

6/10/2024
Date

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Address

ST Augustine FL 32092
City / State / Zip

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Phone Number

reidchristensen@gmail.com
E-Mail Address

ST JOHNS COUNTY
VICKY OAKES
2024 JUN 10 PM 3:35
SUPERVISOR OF ELECTIONS