

Phone Number

Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special districts, Community Development districts)
Name: Charles C. DWED (Print Name of Candidate)
Office Sought:
Special District: 5+. Johns County Soil TWATER SEAT 4 (Office and Seat #)
□ Community Development District:(CDD Name and Seat #)
Campaign Account:
I AM NOT going to open a campaign account during my candidacy.
1, Charles C. Dwin (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.
☐ IAM going to open a campaign account during my candidacy.
(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 Date
876 White EAGLE CIRCLE St. Acq. FL 32086 City / State / Zip
904-669-2182 check 03190 me com

E-Mail Address