



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name:

Heather Brofford
(Print Name of Candidate)

ST. JOHNS COUNTY
CLERK OF ELECTIONS

2024 JUN 14 AM 10:32

CLERK OF ELECTIONS

Office Sought:

☐ Special District: _____
(Office and Seat #)

☒ Community Development District: Six Mile Creek CDD Seat 1
(CDD Name and Seat #)

Campaign Account:

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

I, Heather Brofford
(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

Date

Address

City / State / Zip

Phone Number

E-Mail Address

70 Crosswood Ct

St Augustine FL 32092

(614) 989-9843

heatherbrofford@mac.com