



Chris H. Chambless

**Supervisor of Elections
Clay County, Florida**

**AFFIDAVIT OF INTENTION
SPECIAL DISTRICT CANDIDATE**

**State of Florida
Clay County**

I, _____, a candidate for the special district office of
(Print name)

_____ in the _____ election cycle,
(District name including district #, seat #, or group #)

- AGREE that I will not accept “contributions” and/or make “expenditures” (F.S. 106.011) for the purpose of influencing the results of an election.
- AGREE that the only expenditure made on behalf of my candidacy will be the candidate qualifying fee or the signature verification fee for candidate petitions, in lieu of the qualifying fee.
- AGREE that in the event I decide to accept contributions and/or make expenditures, I will file a DS-DE 9, Appointment of Campaign Treasurer and Designation of Campaign Depository, with the Clay County Supervisor of Elections and my campaign will be governed by Chapter 106, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE
FOREGOING AFFIDAVIT AND AGREE TO ABIDE BY THE LAWS LISTED ABOVE.

Signature of Candidate

Date

Address

City, State, Zip

Email

Phone