

SUPERVISOR OF ELECTIONS

Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: Michael Morgenstern DO, PhD M M

(Print Name of Candidate)	
Office Sought:	
☐ Special District:	
(Office and Seat #)	
Community Development District St Johns	Forest Community Development District Seat # 5
By Community Development Blothett	(CDD Name and Seat #)
Campaign Account:	
LX IAM NOT going to open a campaign account o	during my candidacy.
_{I.} Michael Morgenstern DO, PhD	· · · · · · · · · · · · · · · · · · ·
date, I am required to file the requisite forms fo	ever, I understand that, in the event I choose to do so at a later r this office with the SOE before opening the account. I also rt(s) must be filed electronically via the SOE website according
☐ IAM going to open a campaign account during	
I,(Print Name)	,
(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	5/26/2828 Date
247 North Arabella Way	St Johns, Florida 32259
Address	City / State / Zip
904 325-7558	michael.morgenstern@gmail.com
Phone Number	E-Mail Address