STATE OF F	LORIDS		
Contraction of the	Acknowledgement of	Candidate's Intention to	Qualify
WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT			
	(Special Districts, Com	munity Development Districts)	
Name:			
	(Print Name of Candidate)		
Office Sought:			
X	Special District: St. Johns Co	sunty Ainput Authori	ty GP9
·		(Office and Seat #)	
	Community Development District:	(CDD Name and Seat #)	<u> </u>
_			Succession of the second secon
Camp	baign Account:		
X	IAM NOT going to open a campaign account o	-	
	I, PRIAN DAVID T (Print Name)	RAMAN	AKC PR
	will not be opening a campaign account. Howe date, I am required to file the requisite forms fo understand that a Campaign Treasurer's Repo to the appropriate reporting schedule.	or this office with the SOE before opening	the account. Jalso
C	IAM 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.			
	\mathbb{Z}	12-21-2023	
Candidate Signature Date		Date	
416 Sea Spray LANE Porte Vodra Beach FL 32082 Address Determine D			
Addre	SS	City / State / Zip	
,		brinn techan 100,80	
	46 300 2940		
Phone	e Number	E-Mail Address	