



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts) SUPERVISOR OF ELECTIONS

Name: Michael Guida
(Print Name of Candidate)

MAR 06 2024

ST. JOHNS COUNTY

Office Sought:

- Special District: _____
(Office and Seat #)
- Community Development District: Madreira Seat # 3
(CDD Name and Seat #)

Campaign Account:

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

I, Michael Guida
(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.

Michael Guida
Candidate Signature

3/6/24
Date

110 Portada Drive
Address

St. Augustine FL 32095
City / State / Zip

904-640-8111
Phone Number

MPG427@aol.com
E-Mail Address