

Phone Number

## **Acknowledgement of Candidate's Intention to Qualify**

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Nama: DANIEL 6. COLIN	20PERVISOR OF ELECTION
Name: DAVIEL L. COLIW (Print Name of Candidate)	APR 10 2024
Office Sought:	ST. JOHNS COUNTY
□ Special District:	
(Office and Seat #)	CDD
Community Development District: SWEETWATER (CDD Name	CREEK SEAT#3 e and Seat#)
Campaign Account:	
I AM NOT going to open a campaign account during my candidacy.  I, DANIEL L. COLIN  (Print Name)	
1, DANIEL L. COLIN	,
(Print Name) will not be opening a campaign account. However, I understand that date, I am required to file the requisite forms for this office with the S understand that a Campaign Treasurer's Report(s) must be filed elect to the appropriate reporting schedule.	OE before opening the account. I also
☐ <b>IAM</b> going to open a campaign account during my candidacy.	
I,(Print Name)	1
(Print Name) understand that, before opening a campaign account, I am required with the SOE. I also understand that a Campaign Treasurer's ReporsOE website according to the appropriate reporting schedule.	
Candidate Signature  24-10- Date	2024
234 DOSEL CANE ST AUGU Address City / State / Zip	USTINE, FL. 32095
724-766-0478 PAD-C9	Y SBC GLOBAL, NET

E-Mail Address