



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: MARTIN B. MILLEN
(Print Name of Candidate)

MAY 01 2024

ST. JOHNS COUNTY

Office Sought:

Special District: MOSQUITO CONTROL SEAT 5
(Office and Seat #)

Community Development District: _____
(CDD Name and Seat #)

Campaign Account:

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

I, MARTIN B. MILLEN
(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.

Martin B. Millen
Candidate Signature

5-1-24
Date

29 HILDRETH DR
Address

ST. AUGUSTINE FL 32084
City / State / Zip

904-377-1011
Phone Number

MARTY MORAG @ ATT.NET
E-Mail Address