



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: Anna M Ryan
(Print Name of Candidate)

SUPERVISOR OF ELECTIONS

MAY 09 2024

Office Sought:

ST. JOHNS COUNTY

Special District: _____
(Office and Seat #)

Community Development District: Trout Creek CDD Seat #4
(CDD Name and Seat #)

Campaign Account:

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

I, Anna M Ryan
(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.

Anna M Ryan
Candidate Signature

5-09-24
Date

324 Beale Ave
Address

St Augustine, FL 32092
City / State / Zip

850-230-8915
Phone Number

pcbmom1@att.net
E-Mail Address