



## 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: Tom Reynolds  
(Print Name of Candidate)

MAY 09 2024

ST. JOHNS COUNTY

### Office Sought:

☒ Special District: ANASTASIA 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, Tom Reynolds  
(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.

Thomas F Reynolds  
Candidate Signature

5-9-2024  
Date

50 Brigantine Ct  
Address

St Augustine Beach 32080  
City / State / Zip

904 321-466-7547  
Phone Number

Thomas F Reynolds  
E-Mail Address