



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 C. Taylor
(Print Name of Candidate)

MAY 23 2024

ST. JOHNS COUNTY

Office Sought:

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: Heritage Landing seat 5
(CDD Name and Seat #)

Campaign Account:

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

I, _____
(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 C. Taylor
Candidate Signature

5/24/24
Date

135 Corral Cir.
Address

St Augustine, FL 32092
City / State / Zip

603 627-8467
Phone Number

michael.c.tayloradd@gmail.com
E-Mail Address