



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name:

Tom Reynolds

(Print Name of Candidate)

DEPARTMENT OF ELECTIONS
JUN 10 2024
ST. JOHNS COUNTY

Office Sought:



Special District:

ANASTASIA Mosquito Control District 3

(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.

Tom Reynolds

Candidate Signature

6-10-2024

Date

112 Arzicola Ave

Address

St Augustine 32080

City / State / Zip

904 599-9943

Phone Number

ThomasF Reynolds@yahoo.com

E-Mail Address